MAXIMUS Federal Services

Case Number:	CM14-0182488		
Date Assigned:	11/07/2014	Date of Injury:	07/15/2000
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant has a history of a work injury occurring on 07/15/00. Treatments have included a lumbar fusion with subsequent removal of hardware and implantation of a spinal cord stimulator. He was seen by the requesting provider on 06/18/14. He was having ongoing low back pain radiating into both lower extremities with numbness and tingling. Pain was rated at 4/10. He was using the spinal cord stimulator and taking OxyContin and Norco. He was using compounded cream. He was occasionally taking Naprosyn. Medications are referenced as decreasing pain from "10+/10" down to 3/10. Urine drug screening had been consistent with prescribed medications Physical examination findings included appearing in moderate discomfort. He had an antalgic gait and was using a cane. There was moderate lumbar paraspinal muscle tenderness with decreased range of motion. He had decreased lower extremity strength and decreased sensation with right lower extremity atrophy. Straight leg raising was positive. OxyContin 40 mg #90, Norco 10/325 mg #150, Naprosyn 500 mg #60, Prilosec 20 mg #30, Colace, topical cream, Ambien, Cymbalta, BuSpar, and lactulose were continued. On 07/14/14 his condition appears unchanged. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gym membership for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for failed back surgery syndrome.A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. Therefore, the requested gym membership is not medically necessary.