

Case Number:	CM14-0020725		
Date Assigned:	04/30/2014	Date of Injury:	09/19/2001
Decision Date:	07/24/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 65-year-old male patient with a 9/12/01 date of injury. 3/12/14 progress report indicates that the patient continues to have chronic low back pain. Physical exam demonstrates antalgic gait, negative straight leg raise test, spasm and guarding in the lumbar spine. Discussion identifies that the request is now modified to a 13 week membership at a health club. Treatment to date has included physical therapy, acupuncture, lumbar Epidural Steroid Injection (ESI), oral medication. The patient is proficient in a daily home exercise program, but he does not feel that he is getting much improvement with just home exercise program. There is documentation of a previous 2/11/14 adverse determination because there was no documentation that a home exercise program has not been effective and there would be a need for specialized equipment found only in a gym environment.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL X YEAR, SELF DIRECTED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 12/27/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back Chapter, Gym Membership).

Decision rationale: CA MTUS does not apply. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Subsequent medical reports have indicated that the request was modified to a 13 week health club membership. Therefore, the request as submitted was not medically necessary.