

Case Number:	CM14-0028625		
Date Assigned:	06/23/2014	Date of Injury:	05/18/2011
Decision Date:	07/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 and is licensed to practice in California. 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 underlying date of injury in this case is 05/18/2011. This patient's primary diagnosis is a chronic pain syndrome. On 01/23/2014, the patient was seen by a new primary treating physician who presented for medication management, evaluation of cramping in the lower extremities, and low back pain. This physician reviewed the patient's history of an injury in 2011 when his vehicle was hit by a pickup truck at approximately 65 miles per hour. Overall the patient was felt to have chronic pain syndrome as well as lumbosacral spondylosis, lumbosacral disc degeneration, cervical spondylosis, a sleep disorder as well as restless leg syndrome. The physician summarized the patient's diagnosis as a chronic pain syndrome. He recommended treatment to include continuation of ibuprofen and Lyrica. He also recommended 6 months of a gym membership so that the patient could exercise and make his core stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, 87-88, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on physical medicine, page(s) 98, and section on exercise, page 46 Page(s): 98, 46.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends that patients be transitioned to an independent active home exercise program. The same guidelines does state under exercise, page 46, that there is strong medical evidence to support active exercise program, but there is no sufficient evidence to support the recommendation of any particular exercise program over another. Therefore, although a home exercise program is recommended for this patient, there is no rationale provided in the record as to why this would require a gym membership as opposed to an independent home rehabilitation program. This request is not medically necessary.