MAXIMUS Federal Services

Case Number:	CM14-0029988		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2010
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Illinois. 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 injured worker is a 58 year old male who reported an injury on 08/09/2010 of unknown mechanism of injury. The injured worker had a history of lower back pain radiating down his left leg with a diagnosis of lumbar degenerative disc disease and lumbar spondylolisthesis The injured worker rates his pain a 7/10 and at intervals 7 plus/10 without duration or location given. The injured worker had an epidural steroid injection on unknown date, he received a medial branch block at the L3-L4-5 and L5-S1 with a 50 percent improvement, and he also had a radiofrequency ablation done on 01/08/2014 that was helpful at the mid lower back. The medication includes Norco 5/325mg for breakthrough pain and Zanaflex 4 mg one every day as needed also so noted to have a TENS unit that is used every other day for hours that helps him significantly. Physical examination reveals tenderness with palpation of the facet joints as well as increased pain with axial loading forward and backward flexion as well as rotation. The function status includes walking for 60 minute, standing for 60 minutes, regular exercise and in pool regularly for pain control. Treatment plan is to continue exercise and request for a gym membership. The authorization form dated 06/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, pages 46,7. Decision based on Non-MTUS Citation Official Disability Guidelines web version: Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The request for one year gym membership is non-certified. The California Medical Treatment Utilization Schedule (MTUS) indicates there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The documentation provided indicates that the injured worker had a regular exercise regimen that he is responding too, also pool exercise is part of his treatment plan The documentation was not clear as too if the injured worker received any physical therapy. As such the request is not medically necessary and appropriate.