

Case Number:	CM14-0031088		
Date Assigned:	06/20/2014	Date of Injury:	11/06/1995
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/08/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 70-year-old female whose date of injury is 11/06/1995. The mechanism of injury is not described. The clinical note dated 03/17/14 indicates that chief complaint is lumbar post-laminectomy syndrome, low back pain, and bilateral leg pain. The injured worker has fallen recently. The treatment to date includes two lumbar surgeries, physical therapy, injections, individual psychotherapy, spinal cord stimulator, biofeedback and medication management. The diagnoses are degeneration of lumbar intervertebral disc, pain in left leg, low back pain, pain in right leg and lumbar post-laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL ACCESS TIMES SIX MONTHS FOR LOW BACK, QTY: 6.00: 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 Chapter, 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 Chapter, Gym memberships.

Decision rationale: Based on the clinical information provided, the request for gym membership with pool access times six months for low back is not recommended as medically necessary. The submitted records fail to establish that a home exercise program has failed and that there is a need for equipment as required by the Official Disability Guidelines (ODG). Additionally, the ODG does not generally support gym memberships as there is no information flow back to the provider, and there may be risk of further injury to the injured worker. As such, the request is not certified.