

Case Number:	CM14-0033712		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2013
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Management 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:

This is a female patient with a date of injury of May 8, 2013. A utilization review determination dated March 6, 2014 recommends noncertification of a gym membership for 3 to 6 months. A progress note dated February 19, 2014 identifies subjective complaints of persistent and increased pain, axial back and left more than right leg radicular pain rated at a 6/10, recent completion of aquatic therapy, and continued use of the narcotics. The physician also documented that a recent peer-to-peer reviewer agreed with the surgical recommendations and recommended a pre-fusion psychological evaluation and clearance. There was no physical examination documented. There are no diagnoses documented. The treatment plan recommends psychological evaluation in clearance followed by surgery, prescription for Skelaxin, and a gym membership. A progress note dated April 10, 2014 identifies subjective complaints noting that the patient had received a psychological evaluation, complaints of persistent high levels of lumbar pain, left greater than right radicular pain, pain level of 6/10 to 10/10, and expressed desire for proceeding with surgical intervention. Physical examination identifies bilateral L5 hyperesthesia, trace weakness in the left EHL, limited range of motion of the lumbar spine, finger to floor distance with lumbar flexion is 10 inches, and lumbar extension is 50% with guarding. The treatment plan recommends proceeding with a L4-5 laminectomy, TLIF and PSF, and obtaining psychologist report regarding pre-surgical evaluation. An x-ray of the lumbar spine done September 18, 2013 identifies and tearless thesis of all four on all five with associated motion accentuated with flexion. An MRI of the lumbar spine done May 15, 2013 reported a 2 mm broad-based posterior disc/endplate osteophyte complex at L1-L2 indenting the anterior aspect of the thecal sac, 1 mm broad-based posterior disc bulge at L3-4 indenting the anterior aspect of the thecal sac with hypertrophic changes at the facet joints bilaterally, marked degree of central stenosis at L4-5 secondary to combination of hypertrophic changes at facet joints,

hypertrophy of ligamentum flavum and 8mm of anterolisthesis of L4 over L5 with mild narrowing of the left neural foramen. A CT scan of the lumbar spine done May 15, 2013 identifies mild levoscoliosis, disc space narrowing and a 2 mm broad-based posterior disc protrusion at L1-2 indenting the anterior aspect of the thecal sac, 1.5 mm broad-based circumferential posterior disc bulge at L3-4 indenting the anterior aspect of the thecal sac, mild hypertrophic changes at facet joints bilaterally, marked degree of central stenosis at L4-5 secondary to combination of hypertrophic changes at facet joints, hypertrophy of ligamentum flavum and 8mm of anterolisthesis of L4 over L5, pressure over the cauda equina, and moderately significant narrowing of bilateral neural foramina.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 3-6 months, 02/27/2014 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain Medical Treatment Guidelines, Exercise, Page 46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Exercise, Page 46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.