

Case Number:	CM14-0034567		
Date Assigned:	06/20/2014	Date of Injury:	10/24/2000
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 patient is a 38 year old male with an injury date of 10/24/00. Based on the 03/05/14 progress report provide by [REDACTED] the patient complains of chronic low back pain. The 12/11/13 report states that his pain worsens with cold weather and with aggravated sitting, rating his pain as an 8/10. The patient's diagnoses include the following: 1. Lumbar disc displacement without myelopathy. 2. Degeneration cervical disc. 3. Degeneration lumbar disc. 4. Syndrome postlaminectomy lum. [REDACTED] is requesting for a 6-month gym membership for the lumbar spine. The utilization review determination being challenged is dated 03/13/14. [REDACTED] is the requesting provider and he provided treatment reports from 10/08/13- 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 6-month gym membership for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter 5221.6600, Health Clubs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Gym membership for low back chapter.

Decision rationale: According to the 03/05/14 report by [REDACTED], the patient presents with chronic low back pain. The request is for a 6-month gym membership for the lumbar spine. The treating physician does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines state that it is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Given the above the request is not medically necessary.