

Case Number:	CM14-0038094		
Date Assigned:	06/25/2014	Date of Injury:	10/04/1994
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 4, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; unspecified amounts of physical therapy; topical agents; transfer of care to and from various providers in various specialties; and a reported return to work as a hairstylist. In a Utilization Review Report dated March 13, 2014, the claims administrator partially certified a request for a one-year gym membership as a three-month trial of the same. The applicant's attorney subsequently appealed. It appears that the request for a gym membership was initiated on a progress note of March 12, 2014, in which the attending provider stated that he was ordering a gym membership as he felt the applicant would be unable to afford ongoing classes and/or gym sessions independently. The applicant was described as using Celebrex and topical Terocin for low back pain, it was suggested at that point in time. Home exercise program components were reviewed with the applicant.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP AT [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the ACOEM Guidelines, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, per ACOEM Guidelines, to be an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.