

Case Number:	CM14-0038917		
Date Assigned:	06/27/2014	Date of Injury:	01/24/2012
Decision Date:	08/20/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Interventional Spine 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 patient is a 47-year-old female with an injury date of 01/24/2012. Based on the 03/11/2014 progress report provided by [REDACTED], the patient complains of low back pain and right leg pain particularly in her right foot. She has numbness and tingling in her right foot and right lateral leg. The patient is diagnosed with lumbar region sprain/strain. [REDACTED] is requesting for a 6-month gym membership for the lumbar spine. The utilization review determination being challenged is dated 03/19/2014. [REDACTED] is the requesting provider, and he provided treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month gym membership for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 03/11/2014 report provided by [REDACTED], the patient complains of axial low back pain and right leg pain. She has numbness and tingling in her right foot and right lateral leg. The request is for a 6-month gym membership for her lumbar spine. The physician would like the patient to have a gym membership to continue exercise and practice exercise tolerance. We will continue to work on decreasing reliance on medications of passive modalities. The physician does not indicate why these exercises cannot be performed at home, what special needs there are for a gym membership, and how the patient is going to be supervised while doing these exercises. 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. Review of the reports does not provide any discussion regarding needs for special equipment and the failure of home exercise. There is no indication of why a gym is needed to complete these exercises. Therefore, 6 Month gym membership for lumbar is not medically necessary.