

Case Number:	CM14-0047683		
Date Assigned:	06/27/2014	Date of Injury:	02/05/2001
Decision Date:	10/24/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 injured worker is a 64-year-old female who reported an injury on 02/05/2001 due to an unspecified mechanism of injury. The injured worker complained of lower back and right lower extremity pain. The diagnoses included lumbosacral disc degeneration, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and myalgia and myositis not otherwise specified. Diagnostics included an MRI of the lumbar spine. Prior treatments included epidural steroid injections, acupuncture, TENS unit, physical therapy, and medication. The medications included Relafen, gabapentin, and hydrocodone/acetaminophen. The clinical note dated 03/14/2014 noted the injured worker had a mildly antalgic gait. Palpation of the lower extremities revealed prominent areas of tenderness concurrent with the areas of pain described by the injured worker. Deep palpation of the lower extremities produced distal radiation of the pain. The injured worker exhibited global and regional reduced range of motion. Overall, the injured worker's joints were noted to be stable. Muscle strength was reduced in the plantar flexor muscles, and the injured worker was unable to perform toe and heel walk. Soft tissue dysfunction and spasms in the thoracic paraspinal, lumbar paraspinal, and gluteal region were noted. Straight leg raise of the affected side produced the injured worker's radicular symptoms. The neurologic examination to the lower extremities and spine revealed coordination was within normal limits. Romberg's test was performed and the injured worker was within normal limits. Examination of the deep tendon reflexes revealed Achilles reflex was decreased. Sensory examination of the region revealed dysesthetic sensation throughout the affected area. The treatment plan included a gym membership. The Request For Authorization dated 06/27/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership: 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-Lumbar & Thoracic (Acute & Chronic) and ACOEM (online); [https://www.acoepracguides.org/Low Back: Table 2. Summary of Recommendations, Low Back Disorders](https://www.acoepracguides.org/Low%20Back%20Table%202.%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders)

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, Gym membership.

Decision rationale: The request for a 6 Month Gym Membership is not medically necessary. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has been ineffective and there is a need for equipment. Exercise treatments need to be modified and administered by medical personnel. There was no documentation of failed home exercise or the injured worker's need for specific equipment that would support the medical necessity of a gym membership. The medical documentation provided lacked the evidence of functional improvement from previous gym participation. Therefore, the request is not medically necessary.