

Case Number:	CM14-0048227		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2006
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/16/2014

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 Preventative 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:

According to the records made available for review, this is a 56-year-old female with a 9/8/06 date of injury. At the time of request for authorization, there is documentation of neck, mid back, and low back pain, and objective findings of decreased range of motion of the cervical and lumbar spines, positive lumbar facet loading, and a negative straight leg raising test. Current diagnoses include thoracic pain, cervical pain, cervical spondylosis, lumbar degenerative disc disease, and muscle spasm, and treatment to date has been medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership For Twelve Months: 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 Chronic Pain Treatment Guidelines EXERCISE Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs

that do not include exercise. The Official Disability Guidelines states that a gym membership may be recommended with documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals. Within the medical information available for review, there is documentation of diagnoses of thoracic pain, cervical pain, cervical spondylosis, lumbar degenerative disc disease, and spasm of muscle. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, the request is not medically necessary.