

Case Number:	CM14-0049643		
Date Assigned:	07/07/2014	Date of Injury:	12/04/1997
Decision Date:	12/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/17/2014

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 and major depressive disorder reportedly associated with an industrial injury of December 4, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar laminectomy surgery; anxiolytic medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 17, 2014, the claims administrator failed to approve a request for a 12-month gym membership. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant reported ongoing complaints of low back pain, highly variable, 2-7/10. The applicant stated he was waiting for authorization of his gym membership. The applicant stated that his current gym membership was expiring in November 2013. The applicant stated that he was able to swim and stretch, albeit somewhat limited secondary to pain. Xanax, Norco, Lidoderm, and Remeron were renewed. Hepatic and renal testings were endorsed. The applicant's work status was not furnished in this case. In a December 26, 2014 progress note, the applicant noted that he was paying out of his pocket for his gym membership. The applicant was working out both in the pool and with weights for resistance training. Multiple medications were renewed, including Norco at rate of six times daily, Lodine at rate of twice daily, Lidoderm, Xanax, and Remeron. The gym membership was re-requested. The attending provider noted that the gym membership was allowing the applicant to maintain his strength and endurance and allowing him to work out in a pool and use weights. On March 18, 2014, the attending provider again reiterated his request for a gym membership, again, noting that said gym membership afforded the applicant access to weights and pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines Low back-Gym Memembrships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one which includes adhering to and maintaining exercise regimens. The gym membership at issue, thus, per ACOEM is an article of applicant responsibility as opposed to an article of payer responsibility. Similarly, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines further state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over another. Thus, in this case, there is no specific evidence which would support the applicant's usage of weights and water therapy in favor of over other forms of exercise. The request, thus, is at odds with MTUS principles and parameters. It is further noted that all information on file points to the applicant being fairly active, mobile, and capable of performing home exercises independently, without any particular need for specialized equipment here. Therefore, the request is not medically necessary.