

Case Number:	CM14-0049730		
Date Assigned:	07/07/2014	Date of Injury:	10/20/2002
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
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 Orthopedic Surgeon and is licensed to practice in Texas. 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 44 year old male whose date of injury is 10/20/2002. Treatment to date includes lumbar microdiscectomy in 2004, lumbar surgery on 03/15/07, electrodiagnostic studies (EMG/NCV), MRI, lumbar epidural steroid injection, chiropractic treatment and medication management. Progress note dated 02/19/14 indicates that the injured worker complains of ongoing low back pain and left lower extremity symptoms. The injured worker has been stable since his last visit. The injured worker continues to work. Diagnoses are status post lumbar decompression, residual mild sensory and motor radiculopathy, multilevel herniated nucleus pulposus (HNP) of the lumbar spine, and degenerative disc disease with facet arthropathy of the lumbar spine. It is noted that the injured worker will continue the home exercise program as this does help with pain and allow for an increased level of function.

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: Decision based on MTUS ACOEM.

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 Chapter, Gym memberships.

Decision rationale: The submitted records fail to document that a home exercise program or that there is a need for equipment as required by the Official Disability Guidelines. A note dated 02/19/14 indicates that the injured worker will continue his home exercise program as this does help with his pain level and allow for an increased level of function. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker. Based on the clinical information provided, the request for 6 month gym membership is not recommended as medically necessary.