

Case Number:	CM14-0060319		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2012
Decision Date:	08/12/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 Illinois. 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 24-year-old female who reported an injury on 5/25/13; the mechanism of injury was a fall. The injured worker had a diagnosis of lumbosacral myoligamentous strain. Prior treatment included physical therapy, chiropractic care, trigger point injections, and TENS unit treatments. The injured worker's medication regimen included tramadol, Protonix, Anaprox, Soma, Terocin, Genicin, Laxacin, Somnicin, Gabacyclotram, and Ketofen cream. The clinical note dated 3/7/14 noted that the injured worker reported pain to the lower back. The injured worker objectively rated her pain at 1/10 with medications and a TENS unit, and up to 10/10 with heavy lifting. The injured worker noted during the course of the day her pain averaged 6/10. The physician noted the injured worker was able to return to work with modified duties including no stooping, no bending, no kneeling, no crawling, and no lifting greater than 25 pounds. The injured worker provided a urine specimen for a urine drug screen. The results of that urine drug screen indicated the presence of alcohol and amphetamines. An MRI of the lumbar spine revealed moderate canal stenosis secondary to a 6 mm central disc protrusion at L5-S1, there was mild canal stenosis and mild right neural foraminal narrowing with the right exiting nerve root compromised. The injured worker had not received home exercise treatments at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for progression of core strengthening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007 Low Back Chapter.

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

Decision rationale: The Official Disability Guidelines note that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The injured worker has not engaged in a documented home exercise program which was ineffective after reassessment. The improvements to her complaints have been done through medications, physical therapy, chiropractic care, and trigger point injections. There is a lack of documentation indicating there is a need for equipment. It is unclear why a home exercise program would not be adequate to maintain the injured worker. As such, the request is not medically necessary.