

Case Number:	CM14-0069206		
Date Assigned:	07/14/2014	Date of Injury:	07/07/2005
Decision Date:	10/01/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/14/2014

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 55-year-old male who reported an injury on 07/07/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of low back pain with bilateral lower extremity radiculopathy secondary to 2 mm posterior disc protrusion at L3-4, lumbar spondylosis, rule out facet hypertrophy syndrome, lumbar degenerative disc disease, lumbar spinal stenosis and myalgia. His medical treatment consists of surgery, epidural injections, physical therapy, and pain medication. Medications include Salonpas, Lidoderm patches, naproxen, doxepin, Nexium and Prozac. The injured worker underwent L5-S1 instrumented lumbar fusion. On 04/03/2014, the injured worker complained of stiffness and pain radiating into both lower extremities. Physical examination revealed paraspinal spasms noted in the lower lumbar spine, worse on the right. There was no range of motion, muscle strength, or neurological deficits noted in the submitted report. Current treatment plan is for the injured worker to have an additional 6 months of the gym membership. Rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Months of Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back, GYM Membership.

Decision rationale: The request for additional 6 months of gym membership is not medically necessary. The Official Disability Guidelines recommend exercise as a part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There was no documentation of failed home exercise or the injured worker's need for specify equipment that would support the medical necessity for a gym membership. The medical documents provided lack of evidence of functional improvement from previous gym participation. As such, the request for an additional 6 months of gym membership is not medically necessary.