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| Case Number: | CM14-0072131 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/28/2012 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 Neurologist and is licensed to practice in Texas, Massachusetts and Ohio. 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 05/28/2012. The mechanism of injury involved repetitive activity. Current diagnoses include chronic low back pain, lumbar herniated nucleus pulposus, lumbar fusion, lumbar radiculopathy, and depression with anxiety. The injured worker was evaluated on 09/18/2013 with complaints of 7/10 low back pain with radiation into the lower extremities. Physical examination revealed severely limited lumbar range of motion, moderate to severe tenderness to palpation, diminished strength in the left lower extremity, and diminished sensation in the left lower extremity. Treatment recommendations at that time included continuation of the current medication regimen and continuation of water therapy and exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Membership: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. As per the documentation submitted, the injured worker has continuously participated in pool and exercise therapy. There is no indication of a failure to respond to a home exercise program. There is also no indication of the need for reduced weight bearing. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary and appropriate.