

Case Number:	CM14-0089718		
Date Assigned:	07/23/2014	Date of Injury:	11/05/2012
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 1, 2011. A Utilization Review was performed on May 16, 2014 and recommended non-certification of inject spine cerv/thoracic. An Evaluation dated May 7, 2014 identifies History of Present Illness of low back pain and neck pain. Exam identifies head movement is mildly decreased. Mild spasm of the right and left paraspinal musculature. Mild right sciatic notch tenderness. Decreased cervical and lumbar spine range of motion. Decreased sensation right lower leg and foot in the distribution of L5 and S1. Weakness of elevation of right hip. Impression identifies DDD, facet arthropathy, spinal stenosis, significant B/L NFE, right lumbar radiculitis, disc extrusion at L4-5 with severe B/L NFE, S/P posterior fusion L5-S1 10/30/04 with revision 5/30/06, multi-level lumbar DDD, old compression deformities of T11-T12 and L1, HTN, and associated anxiety, depression, and sleep disorder. Treatment Plan identifies still awaiting authorization for CESI C5-6 L.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 1 year (with pool access): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for gym membership 1 year (with pool access), Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership 1 year (with pool access) is not medically necessary.