

Case Number:	CM13-0072743		
Date Assigned:	04/03/2015	Date of Injury:	07/15/2000
Decision Date:	05/01/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 (IW) is a 64-year-old male who sustained an industrial injury on 07/15/2000. He reported back pain. The injured worker was diagnosed as having been status post lumbar fusion with subsequent hardware removal (2005), status post spinal cord stimulator implantation, lumbar radiculopathy, and chronic low back pain. Treatment to date has included back surgeries, a Functional Restoration Program, and a spinal cord stimulator. The worker had a lumbar epidural steroid injection (11/2012) with 80% relief of low back and bilateral leg pain. Currently, the injured worker complains of pain on the left side of the low back with pain radicular symptoms to both legs and feet. Request for authorization is submitted for a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym 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 (ODG), Low Back, Gym memberships.

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

Decision rationale: ODG states that gym memberships are not considered medical treatment unless there is a specific need for equipment. The request for a gym membership states that the gym membership is requested so that he can continue exercises learned in the functional restoration program. The request does not describe specific equipment that is needed and does not explain why isometric strengthening exercises, mat based flexibility exercises and walking cannot be done without a gym membership. This request for a gym membership does not adhere to ODG and is not medically necessary.