

Case Number:	CM14-0104840		
Date Assigned:	07/30/2014	Date of Injury:	01/03/1994
Decision Date:	07/01/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 01/03/1994 resulting in low back pain/injury. Treatment provided to date has included: physical therapy (unknown # of sessions), acupuncture, lumbar injections, and lumbar laminectomy surgery. There were no recent diagnostic test noted. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 06/02/2014, physician progress report noted complaints of ongoing low back pain with a small flare-up due to walking on a beach. Pain is rated as 6 (0-10) with an average rating of 4-8/10. The injured worker reported that he was trying a gym membership for 10 days to continue his aquatic exercises. Previous exams report that aquatic therapy/exercises have been helpful. The physical exam of the lumbar spine revealed loss of lumbar lordosis, well healed surgical scar, tenderness to palpation over the sacroiliac joint region on the left, and trace patellar reflex at L4 with diminished Achilles reflexes bilaterally. The provider noted diagnoses of post-lumbar laminectomy syndrome and lumbar sacral radiculopathy. Plan of care includes a continued medications (oxycodone, fentanyl patch and Lidoderm patch), and gym membership to continued aquatic exercises. Requested treatments include: one year gym membership for aquatic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, QTY: 1 year: 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 ODG, gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated when a prescribed home exercise regimen has failed and the gym program will be administered under direct medical supervision. The provided clinical documentation does not meet these criteria and therefore the request is not medically necessary.