

Case Number:	CM14-0190777		
Date Assigned:	11/24/2014	Date of Injury:	05/06/1998
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 63 year old male with an injury date on 5/6/98. Patient complains of severe low lumbar pain radiating down bilateral legs, right > left, with associated numbness, with total pain rated 7-8/10 per 9/19/14 report. The pain is constant, and are worsened by prolonged sitting and alleviated by rest per 9/19/14 report. The 6/24/14 report states that the patient also has radicular type pain in the buttocks. The 10/10/ report states that patient goes to the gym daily, and it is helping significantly. Based on the 9/19/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar radiculopathy 2. degenerative disc disease of the lumbar spine 3. lower back pain 4. lumbar spondylosis A physical exam on 9/19/14 showed "L-spine has limited range of motion." The patient's treatment history includes medications (baclofen), right elbow tendon surgery from 2009, home traction, gym exercises, epidural steroid injection (right L2-3, L3-4 with almost complete relief for 4 months). The treating physician is requesting continued gym membership, unspecified duration Qty: 1. The utilization review determination being challenged is dated 10/21/14 and denies request as an unsupervised gym exercise program is not supported by the guidelines. The requesting physician provided treatment reports from 4/1/14 to 12/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Gym Membership, unspecified duration Qty: 1.00: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Exercise Page(s): 22; 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar, Knee, Shoulder Chapters: Gym membership.

Decision rationale: This patient presents with lower back pain, bilateral leg pain. The treating physician has asked for Continued Gym Membership, unspecified duration Qty: 1 on 9/19/14. The patient has been doing exercise in a gym since 6/24/14 report. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the patient has been doing exercises in a gym for more than 2 months, which has been effective. However, there is no documentation that patient has failed an exercise program at home. The treating physician does not specify the type of exercise program in the request, if it needs any specialized equipment, or how the progress is to be monitored. Furthermore, the request does not indicate a length of duration for the gym membership. The request for Continued Gym Membership (unspecified duration) is not medically necessary.