MAXIMUS Federal Services

Case Number:	CM14-0195142		
Date Assigned:	12/02/2014	Date of Injury:	07/02/1993
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine, 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:

CT of lumbar spine on 7/19/13 showed an L5-S1 and L4-5 broad based disc bulge. A bilateral L4-5 transforaminal ESI on 12/18/13. An MRI of the lumbar spine on 1/2/14 showed L5-S1disc protrusion, L4-5 small protrusion with partial annular tear with no stenosis. A 2/17/14 EMG study showed anterior tarsal tunnel syndrome but was otherwise normal. A further epidural injection on 4/8/14 which according to 4/25/14 follow-up the patient reported a 50-60% improvement of symptoms. According to 8/25/14 follow-up the patient has continued to have improvement to his lower back, groin and leg pain following a bilateral L4-5 transforaminal ESI on 12/18/13, although the past 3 months he has had worsening of his lumbar pain. On exam he has a positive SLR bilaterally and limited lumbar range of motion. Plan is to re-attempt L4-5 and L5-S1 ESI and continue spinal rehabilitation activities. A further lumbar ESI was performed on 10/15/14. On a 10/20/14 evaluation states he continues to have pain radiating down left groin to the leg. He states he completed 6/6 sessions at rehab program but could not continue due to the pain. He continues to take naproxen and use TENS unit. Current medications also include Hydrocodone/APAP twice daily and lidoderm patch 5%. On physical exam he has limited range of motion due to pain and there is pain on palpation of the paravertebral muscles. Treatment plan is to request a gym membership for aquatic exercise in order to minimize flare ups. Follow-up on 11/18/14 states that the patient "is able to stay functional with PRN pain medication and would like to continue to stay active with gym membership. Though gym membership is not a prescription for medical treatment, staying active has shown to be helpful with chronic pain patients. It is reasonable for him to have gym membership to stay physically active and minimize medical interventions".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month gym membership for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym memberships Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty))>

Decision rationale: While the CA MTUS guidelines do not comment on gym membership, the ODG states that 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 treatment needs to be monitored and administered by a medical professional; more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships may not be covered under this guideline. Gym memberships, health clubs, swimming pools, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines". Consequently while a directed aquatic program under the guidance of physical therapists or trainers may be indicated, the above requested gym membership not administered and monitored by health professionals is not supported by the guidelines. The cited guidelines state that there is lack of evidence finding one mode of physical intervention more efficacious than others, and a non-direct, non-supervised gym membership has not been shown to help patients with chronic pain when compared to specific programs supervised by health professionals. The requested 12 month Gym Membership is not medically necessary.