

Case Number:	CM14-0200493		
Date Assigned:	12/03/2014	Date of Injury:	02/05/2013
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker sustained a work related injury on February 5, 2013, while lifting a pipe, with a sudden onset of low back pain. The injured worker's conservative treatments were noted to have included a lumbar back brace, chiropractic care, and oral medications. The Primary Treating Physician's report dated October 28, 2014, noted the injured worker complaining of aching back pain and bilateral knee pain with numbness. The injured worker was noted to have a normal gait, using no assistive devices. Physical examination was noted to show tenderness to the paraspinal musculature over the thoracolumbar region bilaterally, with muscle spasm noted over the lumbar spine. Spasm on the lumbar range of motion was noted to be present, with increased pain on extension versus flexion. The diagnosis was noted to be L5-S1 disc protrusion with left lower extremity radiculopathy and facet syndrome. The Physician requested authorization for a six month gym membership. On November 14, 2014, Utilization Review evaluated the request for a six month gym membership, citing the Official Disability Guidelines (ODG), Low Back, updated October 28, 2014. The UR Physician noted that there was no evidence of a prescribed and compliant home exercise program attempt to support the medical necessity of a six month gym membership. The UR Physician noted that based on the clinical information submitted for review, and using the evidence based, peer-reviewed guidelines, the request for a gym membership, six month gym membership, was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (6 months 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: According to MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." According to ODG guidelines, 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in gym. Therefore, the request for gym membership (6 months membership) is not medically necessary.