

Case Number:	CM14-0200833		
Date Assigned:	12/11/2014	Date of Injury:	10/31/2012
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
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 Family Practice, 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:

29 yr. old male claimant sustained a work injury on 10/30/12 involving the low back. An MRI of the lumbar spine in 2013 showed L5-S1 discogenic changes, annulus fissuring and minor annulus bulging. He had a normal EMG study in February 2013. A progress note on 10/30/14 indicated the claimant had undergone physical therapy and chiropractor therapy but did not receive improvement. He had persistent 7/10 back pain that radiated to his legs which was better with the use of a traction machine. Exam findings were unremarkable but complaints were notable for lumbar spasms and pain with activities. The physician requested a 6 month gym membership to improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month 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, Low Back Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym membership Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships

Decision rationale: According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In addition, in this case, there is no indication on the need for 6 months of unsupervised gym membership. Consequently a gym membership is not medically necessary.