

Case Number:	CM14-0201133		
Date Assigned:	12/11/2014	Date of Injury:	02/14/2013
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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:

Injured worker (IW) sustained an industrial injury on 02/14/13. He is s/p L4-5, L5-S1 lumbar decompression surgery on 05/22/13, followed by a course of postoperative physical therapy. He reported improvement with therapy and was transitioned to home exercise program with an exercise ball. He returned to modified duty but reported intermittent flare-ups of low back pain with left leg symptoms. He was treated with medications and continued home exercises. EMG studies on 12/13/13 were interpreted as consistent with bilateral L5-S1 radiculopathies. 01/29/14 he received epidural steroid injections (ESIs). As of 02/21/14 he reported 50-60% relief. 05/16/14 office note documented complaints of severe low back pain particularly at end of day after heavy work. Continued home exercises were recommended. 06/19/14 IW was determined to be at maximal medical improvement (MMI). Permanent work restrictions were recommended. Future treatment recommendations included continued home exercises and 12 PT sessions per year for the next 2-3 years. 09/17/14 IW reported severe escalation of his low back pain, which radiated to level of the left knee. Acupuncture was requested. Medications and home exercises were continued. 10/11/14 QME report recommended "limited supportive medical treatment", and did not mention gym membership. 11/14/14 office note documented significant relief of pain with acupuncture. Treating physician stated: "As currently pain is under control and manageable, I recommend independent gym membership program for 6 months with 6 sessions of supervision."

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent gym membership program for 6 months with 6 sessions of a supervisor:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: MTUS recommends exercise for patients with chronic pain, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any treatment or rehabilitation program, unless exercise is contraindicated." ODG Low Back Chapter recommendations concerning gym memberships state: "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." Per office notes IW has been consistent with a home exercise program and this has allowed him to continue to work at modified duty with permanent work restrictions. Failure of a home exercise program is not documented, and need for specialized equipment is not documented. Therefore, Medical necessity is not established for the requested 6 month gym membership.