

Case Number:	CM14-0201203		
Date Assigned:	12/11/2014	Date of Injury:	09/06/1996
Decision Date:	01/31/2015	UR Denial Date:	11/11/2014
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 Physical Medicine Rehab, 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 65 year old female with an injury date of 09/06/96. Per the 11/03/14 report the patient presents with chronic lumbar spine pain, bilateral leg pain, and joint pain and stiffness along with limb pain, muscles spasms and numbness and tingling of affected limbs. Pain is rated 5/10 with 3/10 best pain and 9/10 worst. Examination reveals limited range of motion of the lumbar spine. On palpation there is tenderness of the lumbar paravertebral muscles, spasm, tight muscle band and trigger point along with twitch response and radiating pain. There is spinous process tenderness at L5 and over the bilateral posterior iliac spine. The patient's diagnoses include: 1. Sacroiliac sprain/strain 2. Depressive disorder 3. Lumbar disc herniation. The treating states medications are not working well and the patient works on losing weight. Medications are listed as Cymbalta, Norco, Amlodipine, Diazepam Loratadine, Pantoprazole and Simvastatin. The utilization review is dated 11/11/14. Reports were provided for review from 05/29/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months: 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, Lumbar & Thoracic (Acute & Chronic)

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 Chapter, Gym memberships

Decision rationale: The patient presents with lumbar spine and bilateral leg pain along with joint pain with stiffness and muscles spasms with associated numbness and tingling in the affected limbs. The current request is for Gym membership for 6 months per report of 11/03/14. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym membership's topic, state they 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." ODG further states treatment must be monitored by medical professionals. The 11/03/14 report states, "She is continue (sic) working on loosing (sic) weight. Her gym membership expired on 10/07/14. She was better with pool exercise." This report quotes the patient as saying, "I feel better with less weight. I want to continue going to the gym to get better." The treater states, "She was successful in losing weight (sic) with gym activities. She lost 30 lbs. in 15 months. 5 more lbs. since last visit. She would have pool access. She wants to lose more weight to improve her back." The treater further states the patient's endurance has improved and, "She will benefit further with pool exercise, I recommend additional 6 months of gym membership." The reports provided show the patient's vitals as 175 lbs., 4'11", BMI 35.34 on 05/29/14 and 07/29/14 and as 170 lbs. 4'11" BMI 43.3 on 11/03/14. In this case, the treater does discuss the need for a pool for the patient's exercise; however, there is no documentation of the effectiveness of a home exercise program or that exercise cannot be performed without a pool or other specialized equipment. Furthermore, the ODG guidelines do not support gym memberships and there is no documentation that the patient would be monitored. In this case, the request is not medically necessary.