

Case Number:	CM14-0203016		
Date Assigned:	12/15/2014	Date of Injury:	07/10/2010
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/10/10 and continues to be treated for chronic back pain. She underwent a lumbar fusion in 2012. She was seen on 08/21/13. She had been diagnosed with piriformis syndrome and injections and treatments had provided some improvement. She was working up to 35 hours per week and exercising on her own. Physical examination findings included a normal lower extremity neurological examination. The note references having previously had a gym membership. Authorization for a monthly gym membership for Pilates exercises was requested. On 10/13/14 she was having right-sided low back pain. She had fallen down stairs multiple times. Physical examination findings included normal strength. Soma was prescribed. There is reference to possible adjacent segment degeneration. Core muscle strengthening in a gym was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

gym membership for core strengthening 3 times a week for 6 to 12 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

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

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain. She underwent a lumbar fusion in 2012. The requesting provider documents a previous gym membership having been used and is requesting this for Pilates and core strengthening. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, although an exercise program is planned, there would be no need for specialized equipment for it to be performed. Therefore, the requested gym membership is not medically necessary.