

Case Number:	CM14-0207153		
Date Assigned:	12/19/2014	Date of Injury:	01/01/1969
Decision Date:	02/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This is a 63 years old male patient who sustained an injury from 1/1/1969 to 9/27/2004. He sustained the injury due to repetitive trauma. The current diagnoses include lumbar sprain, facet arthropathy L4-5 and L5-S1 bilaterally and hypertension. Per the doctor's note dated 9/25/14, he had complaints of low back pain with radiation to the right hip. The physical examination revealed lumbar spine- range of motion- flexion 30, extension 5, lateral bending 10 and rotation 20 degrees bilaterally and negative straight leg raising; tenderness over L4-5 and L5-S1 facet area bilaterally, positive facet loading in lower lumbar region, normal strength, sensation and reflexes in bilateral lower extremities. The medications list includes percocet. He has had cervical MRI on 10/22/2004 which revealed multi level disc bulges and lumbar MRI dated 10/22/2004 which revealed multi level disc bulges and degenerative changes; left knee MRI dated 10/22/2004 which revealed torn medial meniscus. He has undergone lumbar facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Low Back (updated 10/26/14), Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 01/30/15), Gym memberships

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG guidelines, 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. 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." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of a gym membership is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition, the cited guidelines state: "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." The medical necessity of Gym Membership is not fully established at this time for this patient. Thus, the request is not medically necessary.