MAXIMUS Federal Services

Case Number:	CM15-0002419		
Date Assigned:	01/13/2015	Date of Injury:	11/12/2009
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 67year old male sustained a work related injury on 11/12/2009. According to a progress report dated 12/02/2014, the injured worker complained of lower back pain. Pain was described as constant, throbbing, heavy, stabbing, burning, electrical/shooting, exhausting and punishing. Pain radiated down his legs bilaterally and he complained of numbness, tingling and weakness in his feet bilaterally as well as his right thigh. Treatments have included nerve blocks/injections, epidural steroid injections, narcotic pain medications and acupuncture. Pain was rated a 10 on a scale of 0-10 without medications and a 9 with medications. Medications were keeping the injured worker functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Medications included Norco and Voltaren Gel. Assessment included thoracic or lumbosacral neuritis or radiculitis unspecified and degenerative lumbar/lumbosacral intervertebral disc. The injured worker was encouraged to continue home exercise program including moist heat, stretches, strengthening, and regular aerobic activities as tolerated by injured worker and permitted by primary care physician. A request was submitted for a 90 day gym membership trial for the use of a treadmill as walking is the only tolerable form of exercise. He was encouraged to perform low impact exercise as tolerable for weight control and fitness. The injured worker preferred treadmill exercises. On 12/30/2014, Utilization Review non-certified 90 day gym membership and certified Norco 10/325mg #40. Guidelines cited for this review included Official Disability Guidelines, Gym Programs and California MTUS Chronic Pain Guidelines, When to Discontinue Opioids. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 90 day gym membership trial: 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), Gym Programs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back

Decision rationale: Outpatient 90 day gym membership trial is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for gym membership is not medically necessary.