

Case Number:	CM15-0003126		
Date Assigned:	01/14/2015	Date of Injury:	10/25/2010
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 30 year old female patient, who sustained an industrial injury on October 25, 2010. She has reported low back injury. The diagnoses have included lumbar radiculopathy, lumbar post laminectomy syndrome, and degenerative disc disease of lumbar. Per the doctor's note dated 12/2/2014, she had complains of increased low back pain after a mis-step at the beach while running. Physical examination revealed tenderness of the paraspinal muscles, range of motion-forward flexion 40 degrees, hyperextension 10 degrees, right lateral and left lateral bend 15 degrees, along with sciatic notch tenderness, and a positive bilateral sitting straight leg raise test. The medications list includes medrol pak, tramadol, norco, baclofen and ibuprofen. She has undergone lumbar spine fusion in 10/2012. Treatment to date has included medications, radiological imaging, restrictions, and surgery. On December 12, 2014, Utilization Review non-certified a six (6) month gym membership, based on MTUS, Chronic Pain, and ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of a six (6) month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) months 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 Chapter, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15) Gym memberships

Decision rationale: Request: Six (6) months gym membership. 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. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines 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 Six (6) months gym membership is not fully established at this time for this patient.