

Case Number:	CM15-0007596		
Date Assigned:	01/22/2015	Date of Injury:	06/17/1976
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker (IW) is a 59 year old female, who sustained an industrial injury on 06/17/1976. She has reported chronic low back pain and shoulder pain. The diagnoses have included chronic low back pain that appears to have a neuropathic origin. Treatment to date has included a lumbar laminectomy and right shoulder decompression, physical therapy, epidural steroid injections, pain medications and tricyclic antidepressants. Currently, the IW complains of low back pain and sciatic symptoms in the right lower extremities that is aggravated by prolonged standing and sustained postures encountered in her work. The IW is working with modified restrictions. On 12/18/2014 Utilization Review non-certified a request for one year gym membership noting the documentation did not support the gym membership as medically warranted. The records do not show that the patient has failed a home exercise program and has no documentation of need for special equipment from a gym. The MTUS and ACOEM guidelines does not address the appropriateness of a gym membership so alternate guidelines were sought. Official Disability guidelines, Low Back -Lumbar & Thoracic (Acute and Chronic) were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership for low back pain: 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 Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: According to MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime". According to ODG guidelines, Gym memberships "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 under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for one year Gym MEMBESHIP for low back pain is not medically necessary.