

Case Number:	CM15-0103192		
Date Assigned:	06/05/2015	Date of Injury:	06/01/2007
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 40 year old male, who sustained an industrial injury on June 1, 2007. Treatment to date has included medications, ice/heat therapy, home exercise program. Currently, the injured worker complains of continued low back pain to the left with radiation of pain to the left leg. He reports a throbbing sensation on the low back and rates his pain without medications as a 7-8 on a 10-point scale and with medications a 2-3 on a 10-point scale. He continues to stretch which helps his pain. He reports that his pain level fluctuates and currently interferes with his activities of daily living and overall function. On physical examination, he has tenderness to palpation of the lumbar spine and demonstrates mild tenderness along the left buttock. He confirms pain with left lateral bending and rotating. His current medication regimen includes Norco, Neurontin, Celebrex, Prilosec and Lidoderm. The diagnoses associated with the request include lumbar lumbosacral disc degeneration, displacement of lumbar intervertebral disc without myelopathy and lumbago. The treatment plan includes continued use of heat/ice therapy, rest, home exercise program, medications, one year gym membership, six visits of acupuncture and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (One Year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), 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) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

Decision rationale: The claimant sustained a work-related injury in June 2007 and continues to be treated for chronic radiating low back pain. When seen, pain was rated at 7-8/10. He was working up to 36 hours per week. He was considering a gym membership so as to be able to use a Jacuzzi for muscle relaxation. 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, there is no documentation of a prescribed exercise program or need for specialized equipment and the request is intended to allow access to a Jacuzzi. Therefore, the requested gym membership is not medically necessary or appropriate.