

Case Number:	CM15-0131655		
Date Assigned:	07/17/2015	Date of Injury:	08/25/2006
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 is a 55 year old male, who sustained an industrial injury on 8/25/06. He reported pain in his lower back. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc displacement, lumbar degenerative disc disease and lumbar facet syndrome. Treatment to date has included aqua therapy with significant benefit, physical therapy, Avinza, Norco and Robaxin. On 4/24/15, the treating physician noted tenderness in the lower back and a negative straight leg raise test. As of the PR2 dated 6/19/15, the injured worker reports pain in his left buttock, left lower back and left foot and ankle. He rates his pain an 8/10 with medications. The treating physician requested a gym membership x 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

Decision rationale: ODG recommends against paid gym memberships as medical treatment unless there is specific equipment that is needed. The patient is reportedly morbidly obese and access to a heated pool is requested. The medical records do not describe an inability to perform weight-bearing exercise nor is there a need for specific equipment to perform exercises. This request for a paid gym membership is not medically necessary.