MAXIMUS Federal Services

Case Number:	CM15-0135716		
Date Assigned:	07/23/2015	Date of Injury:	05/30/2012
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/15/2015

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 32 year old male sustained an industrial injury to the low back on 5/30/12. Previous treatment included physical therapy, epidural steroid injections, transcutaneous electrical nerve stimulator unit, ice, home exercise and medications. Magnetic resonance imaging lumbar spine (3/24/15) showed disc protrusions causing moderate foraminal stenosis. In a PR-2 dated 6/5/15, the injured worker complained of low back pain rated 7-8/10 on the visual analog scale with radiation to the right hip. The injured worker reported that he continued to work full time and spent most of the day sitting, which aggravated his pain. Physical exam was remarkable for tenderness to palpation over the lower lumbar paraspinal musculature and facet joints on the left with tight low and mid back muscles and limited and painful range of motion, 5/5 lower extremity motor strength and intact deep tendon reflexes. Current diagnoses included chronic pain syndrome, lumbar disc disease, lumbar spine radiculitis and lumbar facet joint disease. The treatment plan included pads for the transcutaneous electrical nerve stimulator unit, L5-S1 epidural steroid injection and continuing medications (Gabapentin and Norco). On 6/12/15, a request for authorization was submitted for a one year gym membership and L5-S1 epidural steroid injection. The medication list include Gabapentin and Norco. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (updated 07/17/15) Gym memberships.

Decision rationale: One year gym membership. ACOEM/MTUS guideline does not address for this request. Hence ODG is used. 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." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. Rationale for One year gym membership was not specified in the records provided A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for One year gym membership is not fully established in this patient.