

Case Number:	CM15-0137485		
Date Assigned:	07/27/2015	Date of Injury:	04/30/2005
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
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: 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 32 year old male, who sustained an industrial injury on 4/30/05. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc protrusion L4-L5 with radiculopathy; lumbar degenerative disc disease with associated lumbar facet syndrome Treatment to date has included physical therapy; status post epidural steroid injection x1 with improvement of radicular symptoms; medications. Currently, the PR-2 notes dated 5/29/15 indicated the injured worker complains of persistent pain in the low back with radiating pain in his left gluteal region and posterior thigh. His pain is worsened with prolonged sitting, standing, and repetitive bending. He currently rates his pain as 5/10 in intensity. He has a documented lumbar disc protrusion at L4-L5 and L5-S1 level with left leg radicular symptoms. He has an epidural steroid injection one time. He has been complaining of some pain with prolonged standing and extension consistent with the lumbar facet syndrome. On physical examination, he has focal tenderness left greater than right over the L3-4, L4-5 and L5-S1 posterior spinous process and paravertebral muscles. He stands in an upright position, forward flexes with his hand to mid tibial area, 40 degrees of flexion and extension is limited to 10 degrees with pain in his left gluteal region. Right and left bending are asymmetric 10 degrees to the right and 15 degrees to the left with pain in the gluteal region, posterior thigh and calf. He shows no focal neurological deficits, L2-through S1, to motor or sensory evaluation. Straight leg raise is negative to 80 degrees in both lower extremities at this time. The provider documents in his treatment plan that the injured worker has been in a gym membership program on an annual

basis to maintain his flexibility and strength of his back. The provider is requesting authorization of gym membership 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership - 12 Months: 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).

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 has a remote history of a work-related injury and is being treated for chronic low back pain with left gluteal and posterior thigh radiating symptoms. When seen, the claimant's BMI was over 28. There was lumbar spinous process and paraspinal muscle tenderness and decreased. Straight leg raising was negative. Range of motion was decreased. The claimant has a current yearly gym membership. The request is for renewal to maintain flexibility and strength. 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, although the claimant is using a gym, there is no documentation of a prescribed exercise program or need for specialized equipment to achieve the goals as stated. The frequency of use is also not documented. The requested gym membership renewal is not medically necessary.