

Case Number:	CM15-0138310		
Date Assigned:	07/28/2015	Date of Injury:	08/29/2013
Decision Date:	08/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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 47 year old male, who sustained an industrial injury on August 29, 2013. He reported an injury to his low back and neck and was diagnosed with low back strain and neck strain. Treatment to date has included MRI of the cervical and lumbar spine, epidural steroid injections to the neck and lumbar spine, modified work duties, medications, home exercise program, and physical therapy. Currently, the injured worker complains of neck pain and low back pain with radiation of pain to the left lower extremity. He rates his pain without medications a 7-8 on a 10-point scale and with medications 3-4 on a 10-point scale. He reports that he has been using Tylenol and ibuprofen and that these medications are insufficient in relieving his pain. He reports that the sudden discontinuation of medications causes adverse effects with withdrawal symptoms and this is improving now. On physical examination the injured worker has intact sensation and motor strength in the bilateral upper extremities and the bilateral lower extremities. A Spurling's sign was negative. He reported moderate pain over the cervical spine and had complete range of motion in all directions with pain on right lateral flexion and left rotation. He reported side pain with extension. He had moderate pain and spasms over the lumbar spine with a complete range of motion. He had moderate pain with right rotation of the lumbar spine. The diagnoses associated with the request include lumbar disc injury, cervical facet arthralgia, right sciatica and cephalgia. The treatment plan includes Tylenol #3, Trazodone, Lidoderm, Ibuprofen, gym member ship for strength program and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool, 2-3 times a week QTY: 72.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Chapter: Lumbar and Thoracic, 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: p87.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for neck and radiating low back pain. When seen, he was having increasing symptoms after previous medications had been discontinued. Current medications were decreasing pain from 7-8/10 to 3-4/10. Physical examination findings included pain with cervical spine range of motion. There was lumbar paraspinal muscle spasms and pain with right rotation. Straight leg raising on the left was positive. Medications were refilled. The claimant reported participating in a strengthening program and was requesting a gym membership for improved stamina, endurance, and neck and back 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, there is no documentation of a prescribed exercise program or need for specialized equipment. The requested gym membership is not medically necessary.