

Case Number:	CM15-0162299		
Date Assigned:	08/28/2015	Date of Injury:	09/15/2011
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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 59 year old male who sustained an industrial injury on 9-15-11. In an orthopedic progress note dated 7-27-15, the treating physician reports the injured worker is status post lumbar laminectomy of the left L3-L4 on 10-31-14. His pre-operative symptoms are improving slowly. He has developed new symptoms since surgery including tingling in both legs and muscle pain in the lower back. It is noted that his activity level is limited by post-operative restrictions. He takes Norco for pain. Physical exam reveals lumbosacral spine range of motion is 75% of normal. The MRI does not show any evidence of neurologic compression or instability. A 4-27-15 progress note reports that he is 6 months out from surgery and is still taking medications, has persistent pain in his back, more on the right than left and is still limited in his activities. A 5-26-15 progress report notes there is no change in his condition. He was fitted for a custom lumbosacral orthosis (LSO) brace. The requested treatment is a gym membership for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, 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-related injury in September 2011 and underwent a left L3/4 laminotomy in October 2014. On 04/06/15 he was attending a fifth physical therapy treatment sessions. He was not diligently following his orthopedic precautions and not performing his home exercise program. When seen, he was improving slowly and had developed new symptoms of lower extremity tingling and low back pain. Physical examination findings included right sacroiliac joint and sciatic notch tenderness. There was a normal neurological examination. A one year gym membership is being requested. 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. Noncompliance with a previously prescribed home exercise program is documented. The requested gym membership is not medically necessary.