

Case Number:	CM15-0187090		
Date Assigned:	09/29/2015	Date of Injury:	01/03/2012
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 45 year old male, who sustained an industrial injury on 01-03-2012. The injured worker was diagnosed as having lumbar back pain and lumbar facet syndrome. On medical records dated 09-30-2015 and 07-09-2015, the subjective complaints were noted as lower back pain. Pain with medication was noted as 4-6 out of 10 and without medication 7-8 out of 10. Objective findings were noted as having a slow gait, and lumbar spine was noted as having a well-healed incision over the lumbar region, lumbar facet maneuvers were positive bilaterally, and straight leg raise was negative bilaterally. Treatments to date included medication and lumbar decompression surgery of 03-19-2014, 25 sessions of chiropractic treatment, lumbar epidural steroid injections, home exercise program, 24 sessions of physical therapy and medications. The injured worker was noted to be permanent and stationary, and work restrictions. Current medications were listed as Tramadol HCL, Albuterol Sulfate, Fenofibrate, Fish oil, Flexeril, Ibuprofen, Naprosyn, Singulair, and Vitamin D. The Utilization Review (UR) was dated 09-10-2015. A Request for Authorization was dated 09-04-2015 for 6 months gym membership for continued access to gym equipment and continuation of exercise program. The UR submitted for this medical review indicated that the request for 6 months gym membership for continued access to gym equipment and continuation of exercise program for the low back was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months gym membership for continued access to gym equipment and continuation of exercise program for the low back: 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), Low Back Chapter, 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- Gym memberships.

Decision rationale: 6 months gym membership for continued access to gym equipment and continuation of exercise program for the low back is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The guidelines do not support unsupervised gym memberships. The request for a gym membership is not medically necessary.