

Case Number:	CM15-0187515		
Date Assigned:	09/29/2015	Date of Injury:	08/10/2007
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
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: North Carolina
 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 08-10-2007. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar radiculopathy on the left at L4-S1, failed back surgery syndrome and chronic pain syndrome. Treatment to date has included pain medication, physical therapy and a home exercise program. In a progress note dated 08-04-2015, the physician noted that the injured worker had stopped his medication due to stomach issues and had severe pain in the lower back going to the left lower extremity that was getting worse. The pain was noted to interfere with the injured worker's functioning including sleeping, activities of daily living emotions and overall function. The physician noted that a caudal epidural steroid injection for pain was being requested and that the injured worker was being sent to physical therapy after good pain control from injections. In a progress note dated 08-28-2015, the injured worker reported 4-8 out of 10 pain. Objective examination findings showed positive straight leg raise on the left at 30 degrees, severe tenderness of the lower lumbar area more on the left side, tenderness of the lower lumbar facet joint and sacroiliac joint, decreased range of motion of the lumbar spine with pain, a slow, limping left sided gait, bilateral lumbar spasm, weakness of the left ankle to dorsiflexion and decreased sensation on the left at L4-L5. The injured worker was noted to be working and condition was documented as permanent and stationary. A request for authorization of gym membership x 6 months was submitted. As per the 09-03-2015 utilization review, the request for gym membership x 6 months was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x6 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) Low Back- 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) gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that gym memberships are only indicated if there is a failure of home exercise program or the need for specialized equipment. They must also be under the direct supervision of a medical professional. The provided medical records for review do not show failure of home exercise and therefore the request is not medically necessary.