

Case Number:	CM15-0196838		
Date Assigned:	11/04/2015	Date of Injury:	11/12/1992
Decision Date:	12/22/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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: California, 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 59 year old male, who sustained an industrial injury on 11-12-1992. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain with multiple lumbar surgeries, lumbar radiculopathy, cervical pain with cervicogenic headaches, cervical radiculopathy, knee and shoulder pain, anxiety and depression. Medical records (03-03-2015 to 08-10-2015) indicate ongoing neck and upper extremity pain contributing to headaches, and low back pain. Pain levels were rated 9 out of 10 in severity on a visual analog scale (VAS) for the neck pain, and 8 out of 10 for the low back pain. Records also indicate no changes in activity levels or improvement in function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-10-2015, revealed a wide-based gait, difficulty with heel-toe walking secondary to pain, decreased cervical lordosis, tenderness to palpation over the cervical paraspinal process, spasms noted to the bilateral trapezius, positive Spurling's sign and axial compression test, restricted cervical range of motion (ROM), decreased sensation in the C5 and C6 dermatomes, tenderness to the thoracic paraspinal muscles, facet tenderness at L3 through S1 levels, positive sacroiliac orthopedic testing bilaterally, restricted ROM in the lumbar spine, and decreased sensation, strength and reflexes in the bilateral lower extremities. Relevant treatments have included: lumbar fusion (1994), psychiatric and psychological treatments, work restrictions, and medications. The request for authorization (08-19-2015) shows that the following service was requested: one year gym membership. The original utilization review (09-15-2015) non-certified the request for one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 chapter (gym memberships).

Decision rationale: The claimant is a 59 year-old male with date of injury 11/12/1992 with chronic low back, neck, shoulder and knee pain. Request is for a 1-year gym membership. CA MTUS/ACOEM Guidelines do not address this request. ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program (HEP) with periodic assessment has been ineffective and there is a need for equipment. Plus, treatment needs to be monitored and administered by a medical professional. In this case, there is no evidence that a HEP has been ineffective or that specialized equipment is needed. Therefore, the request is not medically necessary or appropriate.