

Case Number:	CM15-0199929		
Date Assigned:	10/15/2015	Date of Injury:	08/09/2013
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This is a 51 year old male who sustained an industrial injury on 8-9-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration and sciatica. According to the progress report dated 9-17-2015, the injured worker complained of persistent back pain rated 6 out of 10 with right lower extremity radiculitis. Per the treating physician (9-17-2015), the injured worker was permanently disabled. The physical exam (9-17-2015) revealed tenderness of the thoracolumbar spine and paravertebral musculature L1-S1. The injured worker exhibited difficult heel-toe ambulation. Straight leg raise was positive. Range of motion of the back was restricted. Treatment has included physical therapy and medications. The original Utilization Review (UR) (9-25-2015) denied a request for a gym membership for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, pain rehabilitation.

Decision rationale: The medical records provided for review support the insured have a chronic pain condition with exam showing positive straight leg raise and restricted range of motion. Treatment has included PT and medication. ODG guidelines do not support gym membership. The medical records do not indicate any mitigating circumstances or condition in support of treatment. As such, gym membership is not supported congruent with ODG guidelines.