

Case Number:	CM15-0201295		
Date Assigned:	10/16/2015	Date of Injury:	01/20/2013
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 62 year old male, who sustained an industrial injury on 1-20-13. The injured worker has complaints of back pain. Palpatory examination is notable for tenderness elicited along the bilateral lower lumbar paraspinal muscles. Straight leg raise maneuver in the supine position is notable for increased low back pain, bilateral lower extremity pain into the thighs. The diagnoses have included lumbago. Treatment to date has included a completed cycle of aquatic-therapy after the injection; gym program and gabapentin. The documentation noted that the injured worker underwent a second lumbar epidural injection in April 2015 but stated that during the procedure he felt "faint" and the injection was only "on one-side and the doctor felt he should not continue because the injured worker was feeling lightheaded". The original utilization review (9-29-15) non-certified the request for gym membership with pool for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter (online version).

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

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals." The treating physician notes a decrease in pain with the use of aquatic therapy then states that physical therapy has been ineffective but provides no objective record of therapeutic failure. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership and there is no indication that this exercise program would be conducted under the direction of professionals. As such, the request for GYM Membership x3 months is deemed not medically necessary.