

Case Number:	CM15-0201971		
Date Assigned:	10/16/2015	Date of Injury:	03/19/2012
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, 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 47-year-old female with a date of industrial injury 3-19-2012. The medical records indicated the injured worker (IW) was treated for long-term use of medications, not elsewhere classified; cervical and lumbar disc displacement without myelopathy; pain in joint, lower leg; and pain, psychogenic, not elsewhere classified. In the progress notes (7-9-15, 8-6-15), the IW reported low back pain with radiation into the left lower extremity. She stated the pain in the lower back was slightly improved. Relafen, Pantoprazole and Tramadol were current medications. She reported increased spasms in the left leg; a prescription for Flexeril was written. Pain was worse with extended periods of sitting and better with lying on her right side and with medications. She reported she lost weight with aqua therapy and it made her feel more calm. On examination (8-6-15 notes), muscle tone was normal in all extremities, strength was 5 out of 5. Treatments included physical therapy, aqua therapy (6 sessions, with benefit), chiropractic care, Flexeril (with benefit), compression stockings (with benefit for swelling), TENS unit (with benefit for radicular pain). The IW was working full time with permanent restrictions. A Request for Authorization dated 9-9-15 was received for 13 weeks health club membership with pool access. The Utilization Review on 9-16-15 non-certified the request for 13 weeks health club membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 weeks of a health club membership with pool access: 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, Lumbar and thoracic, 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: The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "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." Review of the medical records does not indicate that the injured worker was unable to participate in a home exercise program, nor was there a need for equipment detailed. As such, the request is not medically necessary.