

Case Number:	CM15-0038257		
Date Assigned:	03/06/2015	Date of Injury:	08/30/2010
Decision Date:	04/17/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male, who sustained an industrial injury on August 30, 2010. He has reported intense back pain. His diagnoses include low back pain, right radiculitis, post-laminectomy syndrome, and chronic pain syndrome. He has been treated with epidural steroid injection, a urine drug screen, and a functional restoration program. Currently he is taking oral and topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. His treating physician reports he has completed the fourth week of a functional restoration program successfully on January 30, 2015. His physical activity has increased during the program, and he remains motivated to attend and participate in the programs classes and lectures. His nighttime muscle cramps are improved. He performs calf and hamstring muscle stretches that he has learned before going to bed. He reports the use of a wedged-pillow to apply gentle traction on his low back is beneficial. The physical exam revealed mildly decreased cervical range of motion. The lumbar range of motion mildly decreased and improved. There was mildly decreased shoulder range of motion and normal muscle strength. The knee range of motion was normal with improved muscle strength. His pain level was unchanged at 7/10, but it did not interfere with increasing his physical functioning in his daily routine. He has engaged in more activities at home and is more physically active in treatment. The treatment plan includes completion of the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 3 Months Health Club Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute. LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (updated 02/10/15) regarding gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, GYM membership.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for ONE 3 MONTHS HEALTH CLUB MEMBERSHIP. Per 01/05/15 progress report, the patient is expected to start functional restoration program on 01/06/15. The work status is unknown. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, under Low back Chapter, GYM membership, does not recommend it 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. In this case, the treater has asked for health club membership but does not explain why gym membership is needed; why exercise cannot be performed at home; what special equipment needs are medically necessary; how long the patient needs gym membership and how the patient is to be supervised. The request IS NOT medically necessary.