

Case Number:	CM15-0043713		
Date Assigned:	03/13/2015	Date of Injury:	05/15/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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 54-year-old male with an industrial injury dated 05/15/2012. The injured worker diagnoses include low back pain. Treatment to date has included prescribed medications, physical therapy and periodic follow up visits. The treating physician requested an independent gym program now under review. According to the progress note dated 2/16/2015, the injured worker reported chronic low back pain with radiation to left lower extremity. Objective findings revealed no changes of lumbar spine. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Low Back Procedure Summary.

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, for Gym memberships.

Decision rationale: Based on the 2/16/15 progress report provided by the treating physician, this patient presents with chronic low back pain, radiating primarily to the left lower extremity. The treater has asked for GYM PROGRAM but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is able to walk mile a day, and can sit for 15 minutes at a time before having to adjust positions per 2/16/15 report. The treater's objective findings state that there have been no changes to the patient's lumbar per 1/15/15 and 2/16/15 reports. The patient's low back pain has worsened as he has become more physically active per 10/22/14 report. Baclofen is reported as not effective as a muscle relaxer per 2/16/15 report. The list of current medications is Norco, Cymbalta, Soma, Ibuprofen, and discontinue Baclofen and Nabumetone per 2/16/15 report. The patients work status is disabled and is to remain off work per 2/16/15 report. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment under the guidelines. The treater does not discuss this request in the reports provided. In this case, the treater has requested a gym program but does not specify the duration or the type of "program" requested. The treater also does not explain why exercise cannot be performed at home, what special equipment needs are medically necessary or how the patient is to be supervised. The patient appears to be walking a mile a day at home per 2/16/15 report. The request IS NOT medically necessary.