

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0047289 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 02/24/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: California

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

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 47 year old female, who sustained an industrial injury on February 24, 2012. She reported cumulative trauma. The injured worker was diagnosed as having lumbar discogenic pain, lumbar radiculopathy, hip pain, hip bursitis, ilioinguinal neuralgia, lumbar facet syndrome. Treatment to date has included magnetic resonance imaging, medications, lumbar epidural steroid injection. On July 3, 2014, she had a magnetic resonance imaging of the lumbar spine which revealed mild disc bulging. On July 23, 2014, she had lumbar epidural steroid injection. The records indicate she had significant relief from pain after the epidural. On February 17, 2015, she complained of left hip pain. The treatment plan includes the request is for a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Gym membership is not medically necessary.