

Case Number:	CM15-0049053		
Date Assigned:	03/20/2015	Date of Injury:	07/05/2002
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 7/5/2002. He reported injury from a fall from a forklift. The injured worker was diagnosed as having chronic pain syndrome, lumbar fact pain and depression. There is no record of a recent diagnostic study. Treatment to date has included facet blocks and medication management. Currently, the injured worker notes improvement movement. In a progress note dated 2/13/2015, the treating physician is requesting a 3 month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month Gym Membership: 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), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Pain, Gym Membership.

Decision rationale: There are no specific MTUS guidelines that discuss the use of gym membership. Other guidelines as cited above were used. The patient's clinical documents were reviewed. According to the above cited guidelines, The Official Disability Guidelines state in the low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals." The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. At this time a gym membership is not considered a medical necessity.