MAXIMUS Federal Services

Case Number:	CM15-0050755		
Date Assigned:	03/24/2015	Date of Injury:	02/16/2014
Decision Date:	07/30/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: Arizona, California
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 24 year old female who reported an industrial injury on 2/16/2014. Her diagnoses, and/or impressions, are noted to include: lumbar sprain/strain with disc injury and annular tear. No current imaging studies were noted. Her treatments have included diagnostic studies; water therapy; epidural steroid injections on 1/23/2015 - with slight improvement; medication management; and rest from work. The progress notes of 1/26/2015 reported a routine follow-up visit for continued, radiating lower back pain, into the left calf, and that the left leg continues to give-way; and that she uses her medications to help control her symptoms. Objective findings were noted to include decreased lumbar range-of-motion; positive left straight leg raise; decreased sensation in the left leg and foot that was in a non-dermatomal pattern; and that she had been determined to be permanent and stationary with having reached maximal medical improvement with conservative treatment, and with continued symptoms which require intervention. The physician's requests for treatments were noted to include a 1 year gym membership which would give her access to equipment to help keep herself in the best physical condition as possible, to hopefully reduce her need for therapy and the possibility of further injections or surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one (1) year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Gym memberships. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines, gym membership and pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, the gym membership was used to replace physical therapy to give access to equipment. Consequently a gym membership is not medically necessary.