

Case Number:	CM15-0052685		
Date Assigned:	03/26/2015	Date of Injury:	09/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 34 year old female, who sustained an industrial injury on 09/15/2013. She reported immediate low back pain. Treatment to date has included medications, x-rays, MRI, acupuncture, chiropractic treatment, physical therapy and left sided L4-5 and L5-S1 lumbar epidural steroid injection. Currently, the injured worker complains of lower back pain, left lower extremity pain and tailbone pain. Current medications included Senna laxative, Cymbalta, Fenoprofen Calcium and Omeprazole. Diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbago, lumbar disc displacement without myelopathy and lumbar or lumbosacral disc degeneration. The injured worker was working full time on modified duties. According to documentation submitted for review, the provider requested authorization for a 3 month health club membership. According to the provider, the injured worker has completed a Functional Restoration Program and was transitioned into and independent exercise program. She was provided with a written exercise program including instruction and precautions of each specific exercise. She was noted to be highly motivated and would benefit from a continued exercise program. The injured worker did not have the means (appropriate equipment) to complete her cardiovascular and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health club membership - 3 months: 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 Chapter (updated 01/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

Decision rationale: Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment has not been effective and there is a need for equipment. Treatment also needs to be monitored and administered by medical professionals. In this case, there is no documentation that the treatment will be monitored and administered by medical professionals. The request for 3-month gym membership is not medically appropriate and necessary.