

Case Number:	CM15-0053652		
Date Assigned:	03/27/2015	Date of Injury:	02/20/1992
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey, New York
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 an 82-year-old male, who sustained an industrial injury on 02/20/1992. He reported a fall down metal stairs. Diagnoses include lumbar facet arthritis, lumbar spinal stenosis, and post laminectomy syndrome. He is status post lumbar fusion with hardware in 1993. Treatments to date include medication therapy and home exercise. Currently, they complained low back pain with radiation to right leg down to the heel associated with numbness. On 3/10/15, the physical examination documented lumbar spasms with tightness and positive right side straight leg raise test. The plan of care included initiating attempt to decrease medication and renewal of a [REDACTED] membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One [REDACTED] membership renewal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request is not medically necessary. MTUS guidelines do not address gym memberships; therefore, ODG guidelines were used. According to ODG, gym memberships are not considered medical treatment and are not recommended as part of 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." There is no documentation suggesting a need for equipment or that he is unable to perform a home exercise program. He was documented as tolerating home exercises in the chart. Therefore, the request is considered not medically necessary.