

Case Number:	CM15-0055786		
Date Assigned:	04/01/2015	Date of Injury:	03/30/2006
Decision Date:	07/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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, Texas

Certification(s)/Specialty: Internal 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 67-year-old female, who sustained an industrial injury on 3/30/2006. The current diagnoses are chronic low back pain, lumbar radiculopathy, sciatica, status post lumbar fusion L4-S1, and degenerative disc disease. According to the progress report dated 2/25/2015, the injured worker complains of low back pain with radiating symptoms, including burning, numbness, and tingling into her right leg. The level of pain is not rated. The physical examination of the lumbar spine reveals significant tenderness and spasm, limited range of motion, positive straight raise leg test, hamstring tightness, and weakness with extension and plantar flexion of the right foot. The current medications are Motrin. Treatment to date has included medication management, x-rays, pool therapy/exercises, and surgical intervention. She notes that exercise in the gym/pool therapy have helped significantly. The plan of care includes 12-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 46-47.

Decision rationale: According to the MTUS, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. In this case, the request is for a gym membership. The documentation does not support that a gym membership is preferred over any other exercise or that education, or independence will be provided. The medical necessity for a gym-membership is not medically supported.