

Case Number:	CM15-0080573		
Date Assigned:	05/01/2015	Date of Injury:	08/04/1997
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/28/2015

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: California, Indiana, New York
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 57 year old female, who sustained an industrial injury on 08/04/1997. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, and MRIs. Currently, the injured worker complains of low back pain with radiation to the buttocks and feet, left leg pain, withdrawals, and severe depression. The injured worker rated her pain at 7-8/10 in severity. Current medications include clonazepam and trazodone. The diagnoses include lumbar degenerative disc disease. The request for authorization included a [REDACTED] membership for the tapering of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **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.

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

Decision rationale: Pursuant to the Official Disability Guidelines, [REDACTED] membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnosis is lumbar degenerative this disease. The injured worker's date of injury is August 4, 1997. A progress note dated March 17, 2015 states the injured worker, subjectively, complaints of low back pain, leg pain and depression. Objectively the injured worker has tenderness with tightness in the lower back and painful range of motion. Current medications include clonazepam and trazodone. There are no opiate analgesics documented in the medical record. The treatment plan states [REDACTED] membership is indicated to taper pain medications. As noted above, there are no pain medications documented in the medical record. There is no clinical rationale for a [REDACTED] gym membership. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent compelling clinical documentation according to guideline non-recommendations, [REDACTED] membership is not medically necessary.