

Case Number:	CM15-0233605		
Date Assigned:	12/09/2015	Date of Injury:	01/18/2011
Decision Date:	01/20/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old male who sustained an industrial injury on 1-18-11. The injured worker reported back pain and sciatic pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine radiculitis, sciatic pain and lumbar spine degenerative disc disease. Treatment has included injection therapy, topical medication, exercise, and radiographic studies. Objective findings dated 10-27-15 were notable for paraspinal spasm, trigger points and decreased range of motion. Provider documentation dated 10-27-15 noted "attends gym exercise with improvement." The original utilization review (11-5-15) denied a request for a 1 year gym membership for independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership for independent exercise program: 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), Pain Chapter, Gym memberships.

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, Gym memberships.

Decision rationale: The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "Not recommended as 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." Review of the medical records does not indicate that the injured worker was unable to participate in a home exercise program, nor was there a need for equipment detailed. As such, the request is not medically necessary.