MAXIMUS Federal Services

Case Number:	CM14-0107378		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2011
Decision Date:	09/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37 year old man who was injured at work on 9/12/2011. The injury was primarily to his back. He is requesting review of denial for a Gym Membership X 6 Months for the Lower Back. Medical records are available for review and indicate that the patient has received ongoing care for his injury. The diagnoses from his providers include the following: Lumbar Post-Laminectomy Syndrome; Psychalgia; and Chronic Pain Syndrome. Besides the surgical procedure, his treatment has included: anti-inflammatory medications, antiepileptic drugs, opioids, topical analgesics, physical therapy, and a functional restoration program. The records indicate that the patient is engaged in a home exercise and stretching program.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM PROGRAM GYM MEMBERSHIP X 6 MONTHS FOR THE LOWER BACK, LOWER BACK, PSYCHE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Exercise.

Decision rationale: The MTUS Guidelines do not comment on the use of Gym memberships for chronic pain. However, the Official Disability Guidelines comment on this issue for patients with low back pain. These guidelines state the following regarding exercise as a treatment modality:Exercise is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision.There is no documentation provided in the medical records to indicate why this patient is no longer able to engage in the home exercise/stretching program that is described as part of his ongoing treatment regimen. There is no documentation provided to indicate that the patient needs more supervision for an exercise program. There is no documentation in support of establishing specific outcome goals that can be monitored to assess the efficacy of the requested services. Finally, there is no documentation provided to justify the duration of this intervention. Therefore, a Gym membership X 6 months is not considered as a medically necessary treatment.