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| Case Number: | CM14-0112025 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 12/19/2001 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 Occupational 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 female who has submitted a claim for failed back surgery syndrome, lumbar facet arthropathies, bilateral sacroiliitis and obesity with multiple comorbidities associated with an industrial injury date of December 19, 2001. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain rated 5/10 with radiation to the right lower extremity. Patient also had a 12- pound weight gain since the injury and have failed weight watchers, Lindora and Nutrisystem programs for weight loss. Physical examination revealed that there was tenderness in the low back region. Straight leg raise test was negative bilaterally. Treatment to date has included spine fusion surgery at L4-L5, medications, 100 sessions of physical therapy, gym membership and multiple weight loss programs. Utilization review from June 13, 2014 denied the request for Gym membership renewal for an additional year because the proposed treatment did not meet medical necessity guidelines per ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership renewal for an additional year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)-Low Back Chapter.

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

Decision rationale: The CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient had been prescribed gym membership renewal. The provided medical records did not specify how long had the patient been on gym membership and whether this membership had produced significant improvements in terms of weight loss, pain reduction and functionality improvement. Moreover, there was no evidence that the patient failed a home exercise program. There was also no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. The medical necessity for a gym membership has not been established. Therefore, the request Gym membership renewal for an additional year is not medically necessary.