

Case Number:	CM14-0121945		
Date Assigned:	08/06/2014	Date of Injury:	12/10/2005
Decision Date:	10/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 40 year old male who reported an injury on 12/10/2005. The mechanism of injury was not specified. The diagnoses included chronic low back pain, status post left side L5-S1 hemilaminotomy and microdiscectomy, and left L5 lumbar radiculopathy. Past treatments included medications, exercise, and back surgery. There were no past diagnostic tests noted. The injured worker is status post left side L5-S1 hemilaminotomy and microdiscectomy on 12/13/2006. On 06/17/2014, the injured worker complained of chronic low back pain that radiated down his left leg. The pain had risen from a 5/10 to a 7/10 without regular pool exercises and his medications allowed him to perform his activities of daily living. The physical exam revealed moderate tenderness over the lumbar paraspinals and reduced pinprick sensation to the lateral lower extremity. The deep tendon reflexes were +2 bilaterally. His extensor hallucis longus and dorsiflexion strength was weaker on the left and he had a positive left straight leg raise. The treatment plan was to continue Suboxone and Senokot and to request for authorization for a gym membership for the [REDACTED]. He was recommended to continue exercising with a workout routine and return for follow up in 12 weeks. The rationale for the request for Suboxone was to help with pain and Senokot to prevent constipation. The gym membership was to help control his pain and that his previous gym membership location, the Wave House, closed down. The request for authorization form was provided on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gym Membership with pool access at [REDACTED]: 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): Gym memberships, Aquatic therapy

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 injured worker has a history of chronic low back pain, status post left side L5-S1 hemilaminotomy and microdiscectomy, and left L5 lumbar radiculopathy. The Official Disability Guidelines state a gym membership is 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. The injured worker complained of chronic low back pain that radiated down his left leg and that the pain had raised from a 5/10 to a 7/10 without regular pool exercises; however, the documentation did not indicate a failed trial or effectiveness of a home exercise program. Additionally, the guidelines state treatment needs to be monitored and administered by medical professionals. While an individual 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Furthermore, documentation will need to be provided with an ongoing assessment and revision of the progression or regression of a home exercise program. Lastly, the submitted request does not specify the duration of the gym membership. Therefore, the request is not supported. As such, the request for 1 gym membership with pool access at the [REDACTED] is not medically necessary.