

Case Number:	CM14-0123997		
Date Assigned:	09/16/2014	Date of Injury:	05/04/2010
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 injured worker is a 28-year-old female who has submitted a claim for bilateral trapezial trigger points, cervical disc protrusion at C5-6, lumbar disc protrusions at L4-5 and L5-S1 with associated mechanical back pain, and lumbar facet syndrome associated with an industrial injury date of 5/4/2010. Medical records from 4/28/2014 up to 6/17/2014 were reviewed showing persistent low back pain and difficulties with prolonged standing and sitting. She has been going to school and states that she has difficulties with lifting more than 10 lbs. with limited bending and stooping. Objective findings revealed minimal bilateral trapezial trigger points. She has full range of motion of the cervical spine. She has no focal neurological deficit C4 through T1. There is mild focal tenderness along the L3-4, L4-5, and L5-S1 posterior spinous processes and paraspinal muscles bilaterally. Treatment to date has included HEP, Ultracet, and Celebrex. Utilization review from 7/7/2014 denied the request for Gym membership 3 x a week x 6 weeks for the lumbar spine. Documentation provided does not indicate any failure of prior home exercise program and the request is also not recommended per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 3 x a week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 07/03/14), 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 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 continues to complain of low back pain. She has been going to school and states that she has difficulties with lifting more than 10 lbs with limited bending and stooping. It was mentioned on PR dated 6/17/2014, that the patient should continue with her home exercise program. There was no documentation of failure of the HEP. In addition, it was not discussed how the treatment would be monitored and administered by medical professionals. There was likewise no discussion concerning a need for specialized equipment in this case. Therefore, the request for Gym membership 3 x a week x 6 weeks for the lumbar spine is not medically necessary.