

Case Number:	CM14-0148686		
Date Assigned:	09/18/2014	Date of Injury:	12/14/2001
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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 claimant is a 51-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of 12/14/2001. Medical records from 03/02/2011 to 09/10/2014 were reviewed and showed that the patient complained of low back pain (pain scale grade not specified) radiating down the right leg. A complete evaluation of the lumbar spine was not made available. Treatment to date has included lumbar discectomy (2003), L3-S1 fusion (2005), physical therapy, and pain medications. Of note, there was no documentation of participation in a home exercise program (HEP) with periodic assessment and revision. There was no discussion of a need for special equipment. Utilization review dated 09/02/2014 denied the request for gym membership because there was no mention of failure of a first-line program of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Gym Memberships

Decision rationale: The California MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program (HEP) with periodic assessment and revision has been ineffective and there is a need for equipment. With unsupervised programs, there may be risk of further injury to the patient. In this case, the patient complained of low back pain radiating down the right leg that prompted request for gym membership. However, there was no documentation of participation in a HEP with periodic assessment and revision to provide evidence of ineffectiveness of HEP. There was also no discussion of a need for special equipment. There is no clear indication for a gym membership at this time. Therefore, the request for gym membership is not medically necessary.