

Case Number:	CM14-0161979		
Date Assigned:	10/07/2014	Date of Injury:	01/04/2009
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 Illinois. 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 50-year-old male who reported an injury on 01/04/2007. The injured worker reportedly sustained a low back injury while utilizing a heavy jackhammer. The current diagnoses include lumbar spondylosis, chronic cervical strain, and reactive psychiatric injury with thought disorder. A utilization review treatment appeal letter was submitted on 04/19/2013. It is noted that the injured worker has exhausted conservative treatment in the form of physical therapy and chiropractic manipulation. The injured worker continues to report severe pain with flare ups. Physical examination revealed no acute distress, midline tenderness, paravertebral spasm in the cervical spine, decreased sensation in the right small finger and ulnar forearm, limited cervical range of motion, spasm in the right lumbar paraspinous regions, limited range of motion of the lumbar spine, and positive straight leg raising on the right with decreased sensation in the L5 and S1 dermatomal distribution. Treatment recommendations at that time included a health club membership. A Request for Authorization form was then submitted on 04/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership (cervical, thoracic, and lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym membership

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There is no indication that this injured worker has failed to respond to a home exercise program. There is also no indication that this injured worker requires specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request is not medically appropriate.