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| Case Number: | CM13-0071642 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 06/19/2010 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51 year old male who suffered a work related injury on 06/19/10 when after restraining a wheel chair he stood up and felt a stretching and popping in his back. He was initially prescribed lots of medications and he underwent a MR and was diagnosed with a right L5-S1 HNP. He underwent physical therapy and acupuncture, which he says were not helpful. He was given NSAIDS and he states that those worked well for him. Per the physician notes from 11/26/13 he refused a urine sample, refused to sign an opiate agreement, and regaled to sign other general papers and agreement to be seen as a patient. On the date of exam he complained of pain in his lumbar spine for the past 6 months. The severity of his pain is moderate and is described as cramping, sharp, shooting, and dull. He notes increase pain when standing, sitting and walking, and uses a cane to assist in walking. He is able to walk 2-4 block, or sit for 8 hours before pain begins. He feels no pain relief from the physical therapy, heat, ice, testing or chiropractic therapy or acupuncture. The pain is described as severe from his mid back down to his right hip. The pain travels down the right thigh from time to time. He stays off his leg or laying down to alleviate the pain. He is currently employed full time. He is noted to be 6 feet tall and 372 pounds and morbidly obese. He has severely restricted lumbar ROM to 29% of normal. He walks with a cane and an antalgic gait globally. He has diminished sensation over the dorsum of the right foot and hit big toe. Diagnosis include thoracic or lumbosacral neuritis or radiculitis and lumbar disc displacement without myelopathy. There is electrophysiological evidence suggestive for right S1 radiculopathy. In the past the request is for a 1 year gym membership for a self-directed exercise program and water therapy. This request was denied by the Claims Administrator on 12/06/13 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ **gym membership x 1 year:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 - Lumbar & Thoracic (Acute & Chronic), Gym Memberships (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: According to MTUS guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. According to ODG guidelines, Gym memberships 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. Plus, 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for █ Gym Membership X 1 Year is not medically necessary.