

Case Number:	CM14-0210870		
Date Assigned:	12/23/2014	Date of Injury:	04/19/2012
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 44 year old female with an injury date of 04/19/12. Based on the 10/24/14 progress report provided by treating physician, the patient complains of low back pain and reports significant weight loss (33 lbs in past 2 months). Patient was injured in a work-related motor vehicle accident. Physical examination dated 10/24/14 revealed tenderness to palpation to lumbar paraspinal muscles and positive straight leg raise bilaterally. The patient's medication regimen is not specified in the reports provided. Diagnostic imaging was not included with the reports provided. The patient's work status is not specified in the reports provided. Diagnosis 10/24/14- Status post work related motor vehicle accident- Lumbar spine strain; right sacroiliac strain with radicular complaints; MRI evidence of disc protrusion L3-4 through L5-S1 facet with stenosis at L4-L5; EMG/NCV evidence of radiculopathy L5-S1The utilization review determination being challenged is dated 11/19/14. The rationale is: "CA MTUS guidelines... Not recommended as medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Treatment reports were provided from 05/02/14 to 10/24/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC

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 Memberships.

Decision rationale: The patient presents with low back pain and reports significant weight loss (33 lbs in past 2 months). Patient was injured in a work-related motor vehicle accident. The request is for gym membership. Physical examination dated 10/24/14 revealed tenderness to palpation to lumbar paraspinal muscles and positive straight leg raise bilaterally. Patient medications, work status, and diagnostic imaging were not included with the report. ODG guidelines, under Gym Memberships, Low Back, state: "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." In this case, the treater has not specified a reason for the request other than for the patient to lose weight. Progress report dated 10/24/14 states that the patient has lost 33 pounds in the last 2 months through nutritional improvements, so it appears that the patient is able to lose considerable weight on her own without a membership. Additionally, there is no documentation in regards to the failure of home exercise program nor any documented intent to monitor patient's improvement or weight loss following approval of said membership. The request is not medically necessary.