

Case Number:	CM14-0216521		
Date Assigned:	01/06/2015	Date of Injury:	03/18/2012
Decision Date:	03/05/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female who suffered an industrial related injury on 3/18/12. A physician's report dated 7/16/14 noted the injured worker had complaints of low back pain. The injured worker was taking extra strength Tylenol, Venlafaxine HCL, Colace, Sennosides, Butrans, and Gabapentin. Diagnoses included lumbar disc displacement without myelopathy, sciatica, unspecified major depression, and psychogenic pain. A physician's report dated 12/11/14 noted the injured worker continued to have low back pain with radiation into bilateral lower extremities as well as numbness and tingling in bilateral legs. Physical examination findings included normal muscle tone without atrophy in bilateral upper and lower extremities. Spasms and guarding were noted in the lumbar spine. The physician noted an extension was received for a 13 week gym membership but the authorization expired on 1/6/15. On 12/23/14 the utilization review (UR) physician denied the request for a gym membership for 13 weeks as an outpatient for the management of chronic back pain. The UR physician noted the Official Disability Guidelines do not support gym memberships 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. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 13 weeks, as an outpatient, for the management of chronic back pain: 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, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Low Back, Gym memberships

Decision rationale: Gym membership for 13 weeks, as an outpatient, for the management of chronic back pains not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. 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 documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for gym membership for 13 weeks is not medically necessary.