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| Case Number: | CM14-0219338 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 03/26/1991 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 03/26/1991. He has reported subsequent low back and neck pain and was diagnosed with chronic low back pain. Other diagnoses included depression and asthma. Treatment to date has included oral pain medication and exercise. The medical documentation received was minimal. The most recent treating physician's progress note indicates that the IW was doing well on Celebrex medication and had no complaints. The IW reported that the worst level of pain experienced recently was 4/10 and that pain medication provided significant relief of pain. Low back pain was noted to be stable and the IW was directed to continue current pain medication and to follow up as needed. A request was made for a renewal of 3 month gym membership however there was no documentation as to why this request was made. On 12/12/2014, Utilization Review non-certified a request for a 3 month gym membership renewal, noting that there was no documentation as to why the IW was unable to perform a home exercise program in the home setting. MTUS Chronic Pain Treatment Guidelines and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH GYM MEMBERSHIP RENEWAL: 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 Exercise/Pain

Decision rationale: According to the ODG guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. In this case, there is no indication of the claimant's inability to perform home exercises. The length of prior membership and unsupervised sessions or their benefit is unknown. The request is therefore not medically necessary.