

Case Number:	CM15-0017274		
Date Assigned:	02/05/2015	Date of Injury:	06/16/2003
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey

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 33 year old male, who sustained an industrial injury on 6/16/2003. The current diagnoses are lumbosacral disc injury, lumbosacral radiculopathy, chronic pain syndrome, and depression. Currently, the injured worker complains of low back and leg pain with left leg weakness. Treatment to date has included medications, TENS unit, and psychotherapy. MRI of the lumbar spine on 8/11/2003 revealed left disc protrusion and spondylolisthesis at L5-S1 with left foraminal narrowing. The treating physician is requesting 1 year gym membership, which is now under review. On 1/16/2015, Utilization Review had non-certified a request for 1 year gym membership. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, quantity: 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation Lower Back section, Gym memberships

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for low back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, the provider requested a gym membership as it was "medically necessary," but did not document the reasoning for this medical necessity, the exercises or equipment required at the gym, nor the method of supervision required in order to have it approved. There was no explanation as to why the worker was not able to perform home exercises alone as his primary physical medicine. Therefore, the gym membership will be considered medically unnecessary until this information is provided to the reviewer.