

Case Number:	CM15-0110521		
Date Assigned:	06/17/2015	Date of Injury:	04/09/2009
Decision Date:	07/28/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 47 year old female who sustained an industrial injury on 04/09/2009. Mechanism of injury was a twisting injury. Diagnoses include lumbago and muscle spasms. Treatment to date has included diagnostic studies, status post L5 and L1 fusion approximately 3 years ago, medications, and physical therapy. Current medications include Norco, Flexor patch, Soma, Celebrex and Ropinirole. A physician progress note dated 03/25/2015 documents the injured worker complains of chronic severe low back pain, which he rates as 7 out of 10, and it is generally at this level. His pain was rated at 4 after surgery and it has crept up again. His pain radiates down the back of his legs-right greater than left. The treatment plan is for refilling of Soma, Ropinirole, and Celecoxib. Flector patch was discontinued. A sports club for Pilates and swim therapy was suggested. Physical therapy was painful. The fusion hardware seems to be the cause of the pain, and seeing his surgeon was discussed. Treatment requested is for gym membership for lumbar spine 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for lumbar spine 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym memberships.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership for lumbar spine time six months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area 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 injured worker's working diagnoses are lumbago and spasm of muscle. The date of injury is April 9, 2009. The medical record contains nine pages. A progress note dated November 7, 2014 shows the injured worker has ongoing low back pain. The most recent progress note dated March 25, 2015 shows the injured worker has ongoing low back pain and is status post L5 -S1 fusion (approximately 3 years prior). Objectively, the injured worker has tenderness to palpation of the lumbar sign with decreased range of motion. The treatment plan recommends a sports club for Pilates and swimming. The guidelines do not recommend gym memberships. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for gym memberships, gym membership for lumbar spine time six months is not medically necessary.