

Case Number:	CM15-0110743		
Date Assigned:	06/17/2015	Date of Injury:	10/21/2009
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina

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 54 year old male, who sustained an industrial injury on 10/21/09. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar sprain/strain; lumbosacral spondylosis without myelopathy; osteoporosis; cervical spine radiculopathy. Treatment to date has included status post L4-5, L5-S1 decompression surgery (2009), status post anterior lumbar interbody fusion L5-S1 lumbar disc arthroplasty (2011); status post L3-4, L4-5 anterior lumbar interbody fusion (11/16/12); trigger point injections; epidural steroid injections; physical therapy; medications. Diagnostics included Bone scan (10/2013); MRI lumbar spine; x-rays thoracolumbar spine/scoliosis study (5/19/14); CT scan lumbar spine (2/4/14); EMG/NCV study lower extremities (2010). The most current PR-2 notes submitted are dated 9/5/14 indicated this was for an "Agreed Complex Medical-Legal Evaluation". These notes injured worker complains of continued discomfort, stiffness, and pain in the lumbar spine which varies depending on activity. The pain is documented as "can be sharp", if lifting more than 20 pounds or sitting 40 minutes maximum or standing 20 minutes maximum can be symptomatic. He also complains of off and on discomfort with sharp pain at times in the left knee. Medications are listed as Neurotin and Naprosyn. He complains of difficulty with sexual activity and trigger point injections has been most successful, He has also been evaluated by a urologist; internal medicine specialist and rheumatologist. The provider conducted a physical examination and notes comment a good effort was exerted by this injured worker and would consider normal strength bilaterally. He finds there is a severe paraspinal spasm in the lumbar spine; well healed anterior infraumbilical scar, straight leg raise is positive

on the left to 50 degrees and negative on the right 70 degrees; Lasegue's test is positive at 40 degrees. The injured worker is status post L4-5, L5-S1 decompression surgery (2009), status post anterior lumbar interbody fusion L5-S1 lumbar disc arthroplasty (2011); status post L3-4, L4-5 anterior lumbar interbody fusion (11/16/12). He feels his back is worse by the last surgery. A request for authorization for a Gym membership with swimming facilities has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with swimming facilities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym membership.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are indicated when home exercise program have failed or if there is need for equipment not available at home. Gym memberships however must be under the direct supervision of a medical professional. This criterion has not been met and the request is not certified.