

Case Number:	CM15-0112521		
Date Assigned:	06/19/2015	Date of Injury:	12/18/2009
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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, 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 53 year old female, who sustained an industrial injury on 12/18/2009. She reported stacking racks with product and removing empty racks noting that she felt pain when she picked up the racks and turned around causing her to sustain injuries to the left low back and the sciatic. The injured worker was diagnosed as having cervical and lumbosacral spine radiculopathy, moderate to severe cervical and thoracolumbar chronic myofascial pain syndrome, right shoulder sprain injury, and gastritis secondary to non-steroidal anti-inflammatory drugs. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbosacral spine, heat patches, therapy, magnetic resonance imaging of the cervical spine, psychiatric evaluation and treatment, medication regimen, and sleep studies. In a progress note dated 05/15/2015 the treating physician reports complaints of constant pain to the upper and lower back along with pain and numbness to the bilateral lower extremities. Examination reveals restricted range of motion to the thoracic and lumbar spine, multiple myofascial trigger points with taut bands to the cervical paraspinal muscles, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbosacral paraspinal muscles, and to the gluteal muscles, decreased sensation to the left index and middle fingers, and the inability to perform a heel to toe gait well. The treating physician requested a gym membership for three months to maintain her current gains, promote a healthy lifestyle, and increase the injured worker's sense of well-being. The treating physician also requested a follow up in four weeks giving the injured worker work restrictions to be considered modified and if a modified position is not available the injured worker is to be considered temporarily totally disabled for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

Decision rationale: CA MTUS does not address gym memberships. The ODG do not recommend gym memberships as they are not considered medical treatment. An exception to this guideline is a failure of home exercise programs or a need for specialized equipment. These exceptions have not been demonstrated in the records submitted in this case. Treatment needs to be monitored and administered by medical professionals, who are not available at gyms. Given the above, there is not medical necessity for the request of gym membership.

Follow up in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

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

Decision rationale: CA MTUS does not specifically address outpatient follow-up visits. The ODG states that follow-up visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits play a crucial role in proper diagnosis and return to function of an injured worker. In this case, there is no rationale given for why a monthly outpatient visit is necessary. Visits of every 3-4 months should be adequate in this patient. Therefore the request is deemed not medically necessary.