

Case Number:	CM15-0120839		
Date Assigned:	07/14/2015	Date of Injury:	12/04/2000
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male, who sustained an industrial injury on 12/4/00. He reported a low back injury while preventing a glass door from falling. The injured worker was diagnosed as having lumbar sprain, lumbosacral neuritis/legs and lumbosacral spondylosis. Treatment to date has included oral medications, chiropractic care, back brace, physical therapy, acupuncture and activity restrictions. Currently on June 1, 2015, the injured worker complains of low back pain rated 5-9/10 with radiation to lower extremities. He is currently not working. He is awaiting spinal surgery. Physical exam performed on 6/1/15 revealed restricted range of motion of lumbar spine with tenderness to palpation at L3-5 and positive straight leg raise on the left. The treatment plan and request for authorization submitted on 6/1/15 included a request for a personal trainer.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 personal trainer at the gym: 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), Low Back - Lumbar & Thoracic (Acute & Chronic).

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-Lumbar & Thoracic (Acute & Chronic) / Gym membership.

Decision rationale: CA MTUS is silent regarding gym memberships, therefore ODG was consulted. ODG does not recommend medical prescription for gym memberships, "unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." "Gym memberships are not monitored by a health professional." "With unsupervised programs, there is no information to flow back to the provider, so he can make changes in the prescription and there may be risk of further injury to the injured worker." "Gym memberships, health clubs, swimming pools and athletic clubs would not generally be considered medical treatment and therefore are not covered under these guidelines." Documentation did not include a home exercise program that was ineffective. The request for 1 personal trainer at the gym is not medically necessary.