

Case Number:	CM15-0123372		
Date Assigned:	07/07/2015	Date of Injury:	10/17/2009
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old female, who sustained an industrial injury on 10/17/2009. She has reported injury to the low back. The diagnoses have included musculoligamentous sprain lumbar spine; lumbar disc disease; right L5, left L4 lumbar radiculopathy; disc bulge L4-5; tailbone injury. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Vicodin, Ibuprofen, and Tramadol. A progress note from the treating physician, dated 05/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; there are no new injuries; she is not attending therapy; and she is not working. Objective findings included tenderness over the posterior superior iliac spines, bilaterally. The treatment plan has included the request for 1 year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, 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- Gym memberships.

Decision rationale: 1 Year Gym Membership is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for a 1 year gym membership is not medically necessary.