

Case Number:	CM15-0124013		
Date Assigned:	07/08/2015	Date of Injury:	04/17/1999
Decision Date:	08/10/2015	UR Denial Date:	05/29/2015
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: California

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 69-year-old male who sustained an industrial injury on 4/17/1999 resulting in low radiating back pain. He is diagnosed with lumbago and post lumbar fusion syndrome. Documented treatment has included L4-5 and L5-S1 laminectomy and anterior interbody fusion; facet injections and lumbar epidural steroid injections, neither of which resulted in reported improvement; long-term pain medication; and, an exercise program which he has reported as helping him maintain function. The injured worker reports a flare up of pain in the right lower back and buttocks. The treating physician's plan of care includes a monthly gym membership for 12 months. Work status at present is permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership, monthly, Qty 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Gym memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Gym membership.

Decision rationale: The request for gym membership is not supported. Per the ACOEM guidelines, a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. Instruction in home exercise should also be addressed during that time. According to ODG, gym memberships are not recommended 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. ODG also notes that 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. The medical records do not establish that the injured worker is unable to safely and effectively perform an independent home exercise program. The request for Gym Membership, monthly, Qty 12 months is not medically necessary and appropriate.