

Case Number:	CM15-0125531		
Date Assigned:	07/10/2015	Date of Injury:	01/03/1995
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 45 year old male with an industrial injury dated 01/03/1995. His diagnoses included chronic low back pain; degenerative lumbar spondylosis, myofascial pain syndrome, chronic neck pain; degenerative cervical spondylosis and pain disorder with psychological/general medical condition. Prior treatments included physical therapy, medications and functional restoration program. He presents on 06/04/2015 with progressive radicular pain into both legs with the left greater than the right. He rated the pain as 8/10 at the time of the visit. Average pain was rated as 7-8/10 with worst pain being rated as 9/10. Objective findings are documented as positive for muscle spasm in the lumbar paraspinal with guarding of the left lower extremity. Straight leg raising (left leg) was positive. His current medications included Methadone, Norco, Baclofen, Ambien and Cymbalta. Treatment plan was for gym membership. The provider documents that without continued access to gym equipment, the functional gains made at the functional restoration program will be lost. Other treatment included MRI of lumbar spine, behavioral medicine treatments and pain medication. The treatment request is for gym membership x 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 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 (ODG), Low Back Chapter - Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The Gym membership x 12 months is not medically necessary or appropriate.