

Case Number:	CM15-0128947		
Date Assigned:	07/15/2015	Date of Injury:	02/23/2011
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 50 year old female, who sustained an industrial injury on February 23, 2011. Treatment to date has included diagnostic imaging, work restrictions, home exercise program, medications, electro diagnostic testing, chiropractic therapy, and functional restoration program. Currently, the injured worker complains of thoracic back pain and low back pain. She describes the thoracic back pain as dull and sharp, constant and rates the pain a 6-8 on a 10-point scale. She notes that the thoracic back pain is worse with twisting, lifting and lunges and better with stretching and changing positions. Her low back pain is described as dull and constant. She rates the low back pain a 7-9 on a 10-point scale. The low back pain is worse with prolonged positions or activity and better with walking, lying down, medication and rest. She notes that the low back pain radiates to her bilateral toes. She reports numbness and weakness in the right leg and perineum. On physical examination, the injured worker has 1+ deep tendon reflex and diminished sensation on the right leg. She has decreased strength in the right leg and tenderness to palpation along the lumbar paraspinous muscles. The diagnoses associated with the request include lumbar degenerative disc disease and lumbar disc bulge. The treatment plan includes Anaprox DS, Omeprazole, Butrans patch, Lyrica, and home exercise program with three month gym membership.

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 with classes: 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 Chapter.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.