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| Case Number: | CM15-0174994 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 01/16/1997 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 1-16-1997. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, lumbar disc displacement without myelopathy and generalized anxiety disorder. A recent progress report dated 6-17-2015, reported the injured worker complained of low back pain rated 805- out of 10 with radiation to the right lower extremity with numbness and tingling. Physical examination revealed extension and lateral rotation of the back caused discomfort and a positive straight leg raise on the right at 90 degrees. Treatment to date has included physical therapy and medication management. Current medications include Vicoprofen, Alprazolam and Lunesta. On 6-17-2015, the Request for Authorization requested a one year gym membership for the lumbar spine. On 8-17-2015, the Utilization Review noncertified: a one year gym membership for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership for the lumbar spine: 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, and Gym.

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 memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in January 2007 and is being treated for chronic low back pain. When seen, he was having an exacerbation with radiating lower extremity symptoms attributed to not being able to exercise. He was requesting renewal of his gym membership. There was decreased and painful lumbar range of motion with positive right straight leg raising and decreased right lower extremity reflexes. A one year gym renewal was requested. In terms of a gym membership, if a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or how often the c is using the gym facility. For this reason, the requested gym membership is not medically necessary.