

Case Number:	CM15-0028510		
Date Assigned:	02/20/2015	Date of Injury:	11/12/2009
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on November 12, 2009. He has reported lower back pain radiating to the legs with numbness and tingling. The diagnoses have included thoracic/lumbar neuritis or radiculitis and lumbar/lumbosacral disc degeneration. Treatment to date has included medications, physical therapy, acupuncture, heat, home exercise, use of a cane, epidural steroid injection and medial branch block. A progress note dated January 27, 2015 indicates a chief complaint of continued lower back pain radiating to the legs with numbness and tingling. Physical examination showed lumbar spine tenderness and decreased range of motion, an antalgic gait, and decreased strength and deep tendon reflexes of the bilateral lower extremities. The treating physician is requesting approval for a ninety day gym membership trial. On February 5, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. On February 13, 2015, the injured worker submitted an application for IMR for review of a request for a ninety day gym membership trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Day Gym Membership Trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Spine Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines do not recommend gym memberships unless a home exercise program has been ineffective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation of failed home exercise or specific equipment needs that would warrant authorization for membership to a gym. Based on the clinical documentation, gym membership for 90 day trial is not medically appropriate and necessary.