

Case Number:	CM15-0061398		
Date Assigned:	04/09/2015	Date of Injury:	10/07/2010
Decision Date:	05/12/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/31/2015

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, Pain Management, Occupational 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 42 year old male, who sustained an industrial injury on October 7, 2010. The injured worker reported low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment and diagnostic studies to date have included oral medication, topical medication and functional restoration program. A progress note dated February 10, 2015 provides the injured worker complains of low back pain. Physical exam notes no difficulty getting on and off exam room table, do acute distress and no neurological deficit of lower extremities. The plan includes topical medication gym membership and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 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, gym memberships.

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: ODG states that gym memberships are not recommended as a medical prescription unless there is need for specific equipment. The appeal letter states that the patient has graduated from a functional restoration program and currently has severe pain which results in him falling twice a month. Another report indicates that the patient works full duty in spite of the pain. The appeal letter modifies the request for use of an exercise bike and elliptical trainer to limit joint stress and also requests access to a pool to avoid pressure on the spine. The appeal letter does not specify how using an exercise bike and elliptical trainer will treat the lower back pain. These are good tools for aerobic exercise and general wellness but it is not apparent how this equipment is specifically need to treat lower back pain. The appeal letter also desires use of a pool but swimming requires extension of the spine, which is reportedly painful for the patient. Furthermore, there is no specific need for a decreased weight bearing environment based upon the medical documentation. The gym membership is requested for aerobic exercise according to the medical documentation but there is no specific need for equipment or a pool to treat the lower back. This request for a gym membership is denied.