

Case Number:	CM15-0064148		
Date Assigned:	04/10/2015	Date of Injury:	10/16/1995
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/03/2015

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: Preventive Medicine, 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 51-year-old male who sustained an industrial injury on October 16, 1995. He has reported back pain and has been diagnosed with lumbosacral pain, spinal stenosis of lumbar region. Treatment has consisted of medical imaging, injection, surgery, and medications. Currently the injured worker complains of lower back pain on both sides and into the buttock down both legs to the feet. Examination of the lower back revealed tenderness over the lower lumbar facet joints diffuse nonspecific paraspinal tenderness. Straight leg raise was mildly positive bilaterally with pain down to feet in L5/S1 distribution. The treatment request included a one-year gym membership at the [REDACTED] for lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/ChronicPain>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Gym Membership.

Decision rationale: MTUS Guidelines point out that one specific type of exercise is not superior to other types of exercising for chronic low back pain. ODG Guidelines also note that Gym memberships have many unintended consequences and are not generally recommended. There are no unusual circumstances documented such as a need for specialized equipment only found in a gym that might be a reasonable exception to Guidelines. The request for Gym Membership 1 year is not supported by Guidelines and is not medically necessary.