

Case Number:	CM15-0067087		
Date Assigned:	04/14/2015	Date of Injury:	10/16/2006
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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 39 year old male, who sustained an industrial injury on 10/16/2006. Diagnoses include lumbar disc herniation, sciatica and status post lumbar interbody fusion at L4-5 and L5-S1. Treatment to date has included diagnostics, medications and surgical intervention. Per the Primary Treating Physician's Progress Report dated 3/09/2015 the injured worker reported constant low back pain rated as 10/10, described as burning and pins and needles sensation with radiation to the lower extremities with numbness and tingling. He reported burning pain in the hips, pain in the legs, burning pain in the neck and pain in the arms which are also rated as 10/10. Physical examination revealed loss of motion of the lumbar spine with forward flexion of 10 degrees and lateral bending of 10 degrees bilaterally. There was a painful heel toe maneuver on the left with weakness and pain to bilateral hips and bilateral sacroiliac joints with palpation. The plan of care included pool therapy and authorization was requested for a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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.