

Case Number:	CM15-0073733		
Date Assigned:	04/23/2015	Date of Injury:	11/12/2009
Decision Date:	06/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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 67 year old male who sustained an industrial injury on 11/12/2009. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, and degeneration of lumbar/lumbosacral intervertebral disc. Previous treatments included medication management, nerve blocks, epidural steroid injections, rhizotomy, home exercise program, and acupuncture. Previous diagnostic studies include x-rays and MRI. Report dated 12/30/2014 noted that the injured worker presented with complaints that included low back pain with radiation to the legs bilaterally and associated numbness, tingling, and weakness in the bilateral feet and right thigh. Pain level was 9 out of 10 on a visual analog scale (VAS) with medications. It was noted that the injured worker has had an increase in pain due to changes in the weather. Physical examination was positive for tenderness in the low back, difficulty changing from sitting to standing, and exquisite tenderness on internal rotation of the right hip. Straight leg raises were positive bilaterally. The treatment plan included renewing prescriptions, reviewed diagnostics, continue with home exercise program, awaiting authorization for 90-day gym membership, and follow up in 4 weeks. It was also noted that the injured worker is awaiting surgical authorization. Disputed treatments include a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html; The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are not recommended unless there is failure of a prescribed home exercise program. In addition, the membership must be supervised by a medical professional. The provided documentation for review does not meet these criteria and therefore the request is not medically necessary.