

Case Number:	CM15-0076781		
Date Assigned:	04/28/2015	Date of Injury:	09/16/1998
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on September 16, 1998. The injured worker was diagnosed as having cervical spondylosis, lumbar radiculopathy, arthrodesis status, and shoulder joint pain. Treatment to date has included shoulder epidural steroid injections (ESIs), MRI, lumbar epidural steroid injection (ESI), cervical fusion, diagnostic ultrasound, physical therapy, home exercise program (HEP), activity modification, and medication. Currently, the injured worker complains of lower left back pain, pain between shoulders, and neck pain. The Treating Physician's report dated February 6, 2015, noted the injured worker reported her pain at 5/10, with the current medications controlling her pain and improving function, without side effects. The injured worker reported decreased pain since the right shoulder injection. The left sided radicular pain was noted to have completely subsided and mostly gone away since the lumbar epidural steroid injection (ESI). The injured worker's pain was noted to be localized in the back, diffuse, responding to medication. The injured worker's current medications were noted to include Percocet, Ultram ER, Gabapentin, Cyclobenzaprine, Fenoprofen, and Theramine. Physical examination was noted to show the cervical spine with right-sided facet joint provocation with significant decreased range of motion (ROM), exquisitely painful. Severe muscle spasms were noted in the cervical spine. The treatment plan was noted to include requests for authorization for a diagnostic facet injection of the right side C4-C5 and C7-T1, medications refilled including Percocet, Ultram ER, Gabapentin, Cyclobenzaprine, Fenoprofen, and Theramine, and a urine drug screen to ascertain compliance with the opioid drug treatment protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with personal trainer for three (3) 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87 Low Back-Lumbar & Thoracic (Acute& Chronic), Gym memberships.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck, shoulder, and back pain. The requesting provider indicates that the claimant has previously had physical therapy with a home exercise program but is having difficulty following through with it due to re-injury. A gym membership is 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 equipment. In this case, there is no documentation of an attempt to revise the claimant's current home exercise program or identified need for specialized equipment. Therefore, the requested gym membership is not medically necessary.