

Case Number:	CM15-0078928		
Date Assigned:	04/30/2015	Date of Injury:	03/19/1991
Decision Date:	05/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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 62-year-old male, who sustained an industrial injury on 3/19/91. The injured worker has complaints of lower back pain with bilateral leg symptoms. The diagnoses have included severe degenerative disc disease and moderate; spondylosis of the lumbar spine at L3-4 and L4-5 plus mild degenerative disc disease and moderate spondylosis at L1-2 with a sacralized L5 plus disc bulges as well scar tissue and stenosis status post a previous disc excision associated with bilateral lower extremity radiculitis. Treatment to date has included transcutaneous electrical nerve stimulation unit; norco as needed for pain control and prilosec for his stomach. The request was for one-year gym membership with pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym Membership with pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Gym Memberships (2015).

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 ACOEM and California MTUS do not specifically address the requested medication. The ODG states gym memberships are not recommended unless a home exercise program has failed and the gym membership programs are administered by a health care professional. The request does not meet these criteria and therefore is not medically necessary.