MAXIMUS Federal Services

Case Number:	CM15-0096994		
Date Assigned:	05/27/2015	Date of Injury:	12/05/2005
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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: New Jersey
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:

This 60 year old man sustained an industrial injury on 12/6/2005. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 3/26/2015, cervical spine MRI dated 5/8/2013, and cervical spine CT scan dated 10/3/2013. Diagnoses include cervical spine pseudoarthritis, myelopathy, cervical spine disc herniations, failed back syndrome, thoracic and lumbar spine herniations, and facetogenic pain syndrome. Treatment has included oral medications, aquatic therapy, cervical spine epidural steroid injection, surgical intervention, acupuncture, chiropractic care, lumbar epidural steroid injection, and TENS unit. Physician notes dated 4/3/2015 show complaints of neck, back, and shoulder pain rated 8-9/10. Recommendations include spinal cord stimulator, cervical medical branch block, updated lumbar spine MRI, aquatic therapy, six month trial gym membership, orthopedic consultation, continue exercising, pain management follow up, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower back section, Gym memberships.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for low back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, although supervised aquatic physical therapy seemed to lead to improved function and decreased pain, at least short term, the request for the gym membership was not clearly stated to be associated with the supervised therapy, but rather for the unsupervised exercises. Therefore, the request for a gym membership will be considered not medically necessary at this time.