

Case Number:	CM15-0098823		
Date Assigned:	06/01/2015	Date of Injury:	12/03/1996
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain with derivative complaints of depression, anxiety and fibromyalgia reportedly associated with an industrial injury of December 3, 1996. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for six month gym membership and transportation to and from medical appointments. A RFA form dated April 1, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant had also undergone implantation of an intrathecal pain pump, it was reported. The applicant reported derivative complaints of psychological stress. The applicant's husband had recently passed away, it was reported. The applicant exhibited grossly intact neurologic exam without gross muscle weakness. The applicant did weigh 247 pounds, it was stated. The applicant had originally alleged development of multifocal complaints secondary to cumulative trauma at work. A gym membership with transportation from doctor appointments was sought, while the applicant was placed off work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-month gym membership, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar spine, and gym memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Low Back Problems Gym memberships.

Decision rationale: No, the request for a six-month gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are instructed in and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. Similarly, the MTUS Guidelines in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which include adhering to and maintaining exercise regimens. Thus, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM seemingly take a position that remaining and staying active is articles of applicant responsibility as opposed to articles of payer responsibility. ODGs Low Back Chapter Gym memberships topic also notes that gym memberships are not recommended as medical prescription unless a documented home exercise program had not been effective and as there is need for specialized equipment. Here, however, the attending provider did not clearly state on his April 1, 2015 progress note that it documented home exercise program had in fact proven ineffectual here. There was no mention of the applicant's needing access to specific specialized equipment. Therefore, the request was not medically necessary.

Transportation to/from the gym and doctor's office, QTY: 1: 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), Knee & Leg, Back (Acute & Chronic), Transportation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Transportation (to & from appointments).

Decision rationale: Similarly, the request for transportation to, from gym, to, and from doctor's office visit was likewise not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 83, to achieve functional recovery, the applicants must assume certain responsibilities, one of which include making and keeping appointments. Thus, ACOEM seemingly espouses the position that attending physician office visits is an article of applicant responsibility as opposed to an article of payer responsibility. While ODGs Knee and Leg Chapter Transportation topic does support medically necessary transportation for applicants with disabilities preventing them from self-transport, here, however,

there is no mention of the applicant's having difficulties and/or impairments, which would have prevented her from transporting herself to and from physician office visits. It appeared that the request for transportation was sought primarily for convenience purposes. There was no mention of the applicant having specific impairments, which would have prevented her from transporting herself to and from the office visits in question, either by driving her own vehicle and/or through public transit. Therefore, the request was not medically necessary.