

Case Number:	CM15-0098883		
Date Assigned:	06/01/2015	Date of Injury:	08/27/1992
Decision Date:	07/02/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 27, 1992. In a Utilization Review report dated May 2, 2015, the claims administrator denied a one-year gym membership. The claims administrator referenced a RFA form received on April 20, 2015 and associated progress note of March 31, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain status post recent epidural injection therapy. The applicant was on Lidoderm patches, morphine, Flexeril, Motrin, Neurontin, Protonix, Levoxyl, and various dietary supplements, it was stated. Permanent work restrictions were renewed. The note was somewhat difficult to follow and mingled historical issues with current issues. There was no mention of the need for a gym membership. On March 31, 2015, the applicant again reported ongoing complaints of low back pain. The attending provider stated that the applicant preferred to exercise on an elliptical machine. The applicant was given refills of morphine and Motrin. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year gym membership: 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), Low Back: 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; Exercise; Functional Restoration Approach to Chronic Pain Management Page(s): 98; 46-47; 8. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

Decision rationale: No, the request for a one-year 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 and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM take the positions that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines also state that there is no recommendation to recommend any one form of exercise over another. While the attending provider stated that the applicant preferred to use an elliptical machine in his March 31, 2015 progress note, it did not appear that the applicant was necessarily incapable of performing other exercises of her own accord. ODG's Low Back Chapter Gym Membership topic further notes that gym memberships should be reserved for applicants in whom a home exercise program has been ineffectual and there is need for specialized equipment. Here, the applicant's preference of using an elliptical machine did not necessarily constitute a need for specialized equipment. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant had previously received the gym membership at issue, it was suggested above, but did not appear to have profited from the same. Permanent work restrictions were renewed, unchanged, from visit to visit, despite receipt of the gym membership. The applicant's dependence on opioid agents such as morphine and/or adjuvant medications such as Neurontin was not appreciably diminished as a result of the previously provided gym membership. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous receipt of the gym membership at issue. Therefore, the request is not medically necessary.