

Case Number:	CM15-0099309		
Date Assigned:	06/01/2015	Date of Injury:	04/06/2006
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who reported an industrial injury on 4/6/2006. His diagnoses, and/or impressions, are noted to include long-term use of medications; major depression with recurrent episodes; psychogenic pain; lumbar disc displacement without myelopathy; and chronic pain syndrome. No current imaging studies are noted. His treatments have included lumbar spine surgery in 8/2010; he is a graduate of a functional restoration program; psychiatric evaluation and treatment; membership to a gym; medication management with urine toxicology screenings; and rest from work as he is permanently disabled. The progress notes of 4/30/2015 reported a follow-up visit with complaints of lower back pain and continued stress due to non-reimbursement for injury related expenses, resulting in increased back pain, which is relieved by medications, and allows him improved functionality. Also reported were headaches with blurred vision and dizziness; heartburn, nausea, abdominal pain, wheezing and difficulty breathing, with chest pain when lying flat; poor concentration, memory loss, numbness and weakness; and anxiety with depression. The objective findings were noted to include morbid obesity; an antalgic gait with noted pain and anxiety; and lumbar spasms with guarding. The physician's requests for treatments were noted to include a gym membership removal, versus renewal per his attorney's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership renewal: 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 Official disability guidelines Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

Decision rationale: The patient presents with low back pain. The request is for GYM MEMBERSHIP RENEWAL X 1 YEAR. Patient is status post lumbar spine fusion surgery 08/20/10. Physical examination to the lumbar spine on 04/30/15 revealed spasm and guarding. Per 03/16/15 progress report, patient's diagnosis includes long-term use meds nec, unspecified major depression, recurrent episode, pain psychiatric nec, and lumbar disc displacement without myelopathy. Patient's medications, per 05/29/15 progress report include Capsaicin 0.075% Cream, Ketamine 5% Cream, Glucosamine Chondroitin, Venlafaxine HCl ER, Viagra, Omeprazole, Orphenadrine, Hydrocodone, Gabapentin, Senna Lax, and Trazadone. Patient is permanent and stationary with permanent disability. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships states: "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." ODG further states treatment must be monitored by medical professionals. In progress report dated 05/29/15 progress report, under Treatment Plan, treater states, "We will request for a renewal of the gym membership for this patient, at the attorney's request." ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Furthermore, ODG generally does not support pool/gym memberships as medical treatment. In this case, there is no documentation of specific objective and subjective outcomes with regards to gym membership, mention of need for special equipment, nor discussion why the patient is unable to do the necessary exercises at home. Therefore, the request IS NOT medically necessary.