

Case Number:	CM14-0153621		
Date Assigned:	09/23/2014	Date of Injury:	08/08/2005
Decision Date:	11/05/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported an injury on 08/08/2005. The mechanism of injury was not provided. On 02/19/2014, the injured worker presented with complaints of low back pain radiating to the bilateral lower extremities. Upon examination, there was tenderness to palpation over the lumbosacral spine from L4-S1 and a well healed surgical midline scar. Range of motion of the lumbar spine elicited pain and demonstrated flexion of 30 degrees, extension of 10 degrees, left lateral flexion of 35 degrees, right lateral flexion of 40 degrees, and rotation of 45 degrees bilaterally. There was a positive straight leg raise with decreased sensation to the L4-5 and L5-S1 dermatomal distribution bilaterally. The diagnoses were chronic low back pain and multilevel degenerative disc disease and degenerative joint disease of lumbosacral spine with bilateral radiculopathy at L4-5 and L5-S1. Prior therapy included home exercise. The provider recommended a gym membership. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year 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 Official Disability Guidelines (ODG), Low Back, Gym Membership

Decision rationale: The request for a gym membership is not medically necessary. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program but note that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of a failed home exercise or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. The medical documentation provided lacked evidence of functional improvement from previous gym participation. As such, medical necessity is not been established.