

<b>Case Number:</b>	CM13-0011474		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Internal Medicine and is licensed to practice in California. 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 patient reported a date of injury of 01/28/2010 with low back pain with no reported mechanism of action. She is has had surgical decompression and fusion at L5-S1 on 12/9/2011. Due to continued symptoms, exploration and removal of a posterior pedicle screw was done on 01/25/2013. She is still with chronic pain. Medication management is with Vicodin, amytryptiline, and ibuprofen. She also uses alprazaolam or triazolam as well. EMG and NCV have been normal. There are reports of post-operative physical therapy being done stating that it was not helpful and stopped early. There are no reports of past PT in the notes provided establishing benefit or not. The current request is for a one year gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST IS FOR PURCHASE OF 1 YEAR GYM MEMBERSHIP FOR THE LUMBAR SPINE: 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), Gym Membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

**Decision rationale:** The MTUS guidelines are silent on gym membership and it does not discuss this issue with regards to any type of treatment for pain or disability conditions. Official disability guidelines address gym memberships and do not recommend it unless a documented home exercise program has not been effective and there is a need for equipment. Based on the provided information in the medical records, the documentation is not sufficient to suggest that this patient has failed a home exercise program and furthermore, the patient has failed a formal PT program. Unsupervised programs where no flow of information back to the treating provider, such as a gym membership or advanced home exercise equipment, is generally not considered a true medical treatment and ODG states these are not covered under the guidelines. Therefore, the request for the purchase of a 1 year gym membership for the lumbar spine is not medically necessary and appropriate.