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| <b>Case Number:</b>   | CM13-0024450 |                              |            |
| <b>Date Assigned:</b> | 03/14/2014   | <b>Date of Injury:</b>       | 07/04/1999 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 08/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### 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 New York. 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 is a 60 year old male with a date of injury of 07/04/1999. The patient had a L3- S1 fusion in 08/2001. He developed a deep vein thrombosis after surgery and was treated with Coumadin. He continues to take Norco and Lyrica for back pain. The current request under consideration is for a gym membership

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 MONTH GYM MEMBERSHIP ( TO FACILITATE A REGULAR EXERCISE PROGRAM) FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The Official Disability Guidelines' (ODG) Back Pain section indicates that gym memberships are not a recommended treatment. The ODG indicates that treatment needs to be monitored and administered by health professionals. The patient is unsupervised and there is

no information flow back to the provider. There may be risk of further injury to the patient. Consequently, the request is not medically necessary and appropriate.