

<b>Case Number:</b>	CM13-0026956		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 physician 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:

This claimant is a 58-year-old female with reported date of injury of 0/21/2001. She was seen in clinic on 11/12/2012 and described pain to her low back with radiation into her lower extremities, left greater than right. The claimant rated her pain at 6/10 to 8/10. She had medications, injections, and physical therapy which seemed to help make her pain better. She returned to clinic on 08/21/2013 and stated her pain was getting worse with pain rated at 9/10 without medications and 7/10 with medications. She stated medications, injections, changing positions, physical therapy, and a TENS unit temporarily helped to relieve her pain. On exam, patellar reflexes were 2+, Achilles reflexes were 1+ bilaterally and strength as 5/5 in the bilateral lower extremities. She had a mildly antalgic gait. Diagnoses included lumbar spinal stenosis, lumbar degenerative disc disease, lumbar discogenic pain, chronic low back pain with lumbar radiculitis, left knee patellofemoral syndrome, and myofascial pain syndrome. The plan going forward was to provide the patient with a 6 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The most recent records are from 08/21/2013 and at that time lumbar flexion was 50 degrees and extension was 5 degrees. The patient ambulated with a mildly antalgic gait and strength was noted to be 5/5 in the bilateral lower extremities. The Official Disability Guidelines state that gym memberships are, "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. Plus, treatment needs to be monitored and administered by medical professionals...Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." Due to lack of documentation of her current status, a lack of support from the Official Disability Guidelines for this service, and no indication that the patient has previously failed a home exercise program or is even undergoing a home exercise program at this time; this request is non-certified. The request for a gym membership for 6 months is not medically necessary and appropriate.