

<b>Case Number:</b>	CM13-0028248		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Occupational 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 applicant is a represent ██████████ employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; muscle relaxants; medications for erectile dysfunction; and extensive periods of time off of work. In a Utilization Review Report of August 29, 2013, the claims administrator denied a request for a personal trainer for gym membership. The applicant's attorney subsequently appealed. The gym membership, personal trainer, lumbar spine MRI, testosterone, Cialis, and gastroenterology referral were apparently made through a Request for Authorization (RFA) form dated August 27, 2013. In a June 17, 2013 progress note, the applicant was described as using a cane from time to time. The applicant was described as angry and in pain. The applicant was using Lortab and Soma for pain relief. The applicant was having familial issues. The applicant was depressed, it is further noted. The applicant was on OxyContin and Percocet. It was stated that the applicant was "permanently disabled." The applicant was, however, described as reportedly helping his son run a motorcycle shop. On February 10, 2014, the applicant was described as living with his son and separated from the rest of his family. He reported 8/10 pain. He was on MiraLax, testosterone, Restoril, Soma, and Norco at that point in time. The applicant was described as possessed of normal upper and lower extremity strength. The applicant's gait was not described. Medications, including OxyContin, Cialis, and testosterone, were reportedly refilled. The applicant was again described as permanently disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERSONAL TRAINER FOR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted on page 83 of the MTUS-adopted ACOEM Practice Guidelines in Chapter 5, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, then, the gym membership and associated personal trainer request are, per ACOEM, matters of applicant responsibility as opposed to matters of payer responsibility. It is further noted that the applicant does not appear to have any marked deficits such as a clear evidence of gait derangement or focal neurologic deficits which would require special equipment such as a gym membership and/or a personal trainer to rehabilitate. Accordingly, the request for personal trainer for gym membership is not medically necessary.