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| <b>Case Number:</b>   | CM13-0045168 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 01/19/2011 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 10/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old male whose date of injury is 01/19/2011. The patient was cutting a fire break, standing on a hillside, pulling brush uphill when he felt a sudden sharp debilitating pain in his lower back. Note dated 05/11/12 indicates that umbilical hernia surgery was performed four weeks ago without complications. Treatment to date includes physical therapy, lumbar median branch blocks on 06/15/12, corticosteroid injection to the right knee on 06/22/12, radiofrequency denervation bilateral L4-5 and L5-S1 on 08/03/12, right knee injection on 09/24/12, chiropractic treatment. QME dated 11/20/12 indicates that the patient has reached permanent and stationary status. Progress report dated 02/13/13 indicates that the patient's most significant complaint is now pain in the left Achilles tendon and muscular tension in the lumbar paraspinal musculature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP:** 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).

**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 CHAPTER, GYM MEMBERSHIPS

**Decision rationale:** Based on the clinical information provided, the request for gym membership is not recommended as medically necessary. Current evidence based guidelines support gym membership when documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The submitted records fail to document that a home exercise program has not been effective or that there is a need for equipment. Guidelines generally do not support gym memberships as medical treatment noting that there is no information flow-back to the provider, and there may be risk of further injury to the patient.