

<b>Case Number:</b>	CM13-0049305		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/16/2004
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 represented [REDACTED] employee who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of August 16, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple short-acting opioids; earlier lumbar decompression surgery; and a spinal cord stimulator replacement and subsequent revision in February 2013. In a utilization review report of October 25, 2013, the claims administrator denied a request for a six-month gym membership. The applicant's attorney subsequently appealed. In a clinical progress note of October 16, 2013, the applicant is described as having resumed hiking and bicycling. The applicant is performing Native American ceremonies to help assuage his emotional distress. He is on Prilosec for dyspepsia. He is taking six Norco a day. He is overweight. He exhibits normal gait with normal heel and toe ambulation with 5/5 lower extremity strength. A six-month gym membership is sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH 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), Low Back Chapter, Gym Membership Section

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, applicants must "assume certain responsibility" to achieve functional recovery, one of which is adhering to and maintaining exercise and medication regimen. In this case, thus, the six-month gym membership being sought by the attending provider has been deemed, per ACOEM, a matter of applicant responsibility as opposed to a matter of medical necessity. It is further noted that the applicant is apparently independently bicycling and performing other home exercises, effectively obviating the need for the gym. For all the stated reasons, then, the request is not certified, on independent medical review.