

<b>Case Number:</b>	CM13-0063430		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on August 20, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, topical agents, muscle relaxants, psychological counseling, and extensive periods of time off of work, on total temporary disability. In a clinical progress note of January 14, 2014, the applicant presented with psychological distress, fibromyalgia, low back pain, and depression. The applicant is on Flexeril, Lidoderm, meloxicam, Naprosyn, and Zanaflex. The attending provider performed trigger point injections in the clinic and encouraged the applicant to obtain less taxing work. It was stated that the applicant has completed a functional restoration program. The applicant was encouraged to perform home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX MONTH GYM MEMBERSHIP TRIAL:** Upheld

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

**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, to achieve functional recovery, the applicants must assume certain responsibilities, one of which is to adhere to and maintain an exercise regimen. In this case, the gym membership being sought by the attending provider has been deemed, per the ACOEM, to be an article of individual responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider has posited that the applicant is capable of performing independent home exercises, again effectively obviating the need for the proposed gym membership. Accordingly, the six month trial gym membership is not medically necessary.