

<b>Case Number:</b>	CM14-0010853		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Internal 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 patient is a 46 year old female who sustained an injury on 07/05/2007 due to a poor ergonomic work station. The patient underwent a bilateral L3-L4 medial branch block and bilateral L5 dorsal ramus block on 03/08/2013; and a bilateral L3-L4 radiofrequency medial branch neurotomy and bilateral L5 dorsal ramus radiofrequency neurotomy on 04/19/2013. PR2 dated 01/02/2014 states the patient has been through the [REDACTED] and she has found it quite helpful. She has a significant decrease in her pain. She has decreased her Oxycodone form about 10 per day down to one and a half per day. She takes Cymbalta 90 mg. She is able to exercise. On exam, she is still quite overweight and there is a little bit of tenderness over the lumbosacral junction. Impressions are chronic low back pain, obesity and deconditioning, and chronic pain syndrome. The patient is done better following the functional restoration program. She continues to work with them in the aftercare program and continues to wean from the Oxycodone. Prior UR dated 01/14/2014 states a gym membership is necessary only if there is evidence that a home exercise program is ineffective or patient is not showing functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) MONTH GYM MEMBERSHIP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Exercise>, Page(s): 46.

**Decision rationale:** According to California MTUS guidelines, Exercise is recommended for the management of chronic pain. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. As per ODG, it is "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." The medical records document that the patient is able to exercise and there is no indication of disability to perform regular exercises. It is not clear that the gym would offer an exercise regimen that is superior to a home exercise program. Accordingly, the requested 12 months GYM membership is not medically necessary.