

<b>Case Number:</b>	CM14-0015575		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 33-year-old male with a 6/19/2009 date of injury, when she slipped and fell. On 1/7/14 determination was not medically necessary given that gym memberships were not considered medical treatment. The 1/7/14 determination did not include a lumbar support request. A 12/19/13 medical report identifies neck and back pain rated 8/10. It was noted that therapy was helpful for improvement in ROM and increase in activity level. The patient stated that after completion of physical therapy he is unable to progress due to lack of access to medical equipment. An Exam revealed decreased painful ROM with flexion to 60%. Neck with decreased painful ROM and positive tenderness to palpation. Treatment plan included a trial of 3 month gym membership, medications, and L/S support brace to be use while working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) MONTHS 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.

**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:** The Official Disability Guidelines does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. It was indicated that the patient had improvement with physical therapy, but unable to progress due to lack of access to medical equipment. However, treatment needs to be monitored and administered by medical professionals. It was not indicated in the medical records that a physician or related professional would be monitoring the patient's exercises and progress. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. Therefore, the medical necessity has not been substantiated. Therefore, the request is not medically necessary.

**ONE LUMBAR SPINE SUPPORT BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, Official Disability Guidelines identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, but is under study for post-operative use. It was indicated that a back brace was intended to be used at work. However, no documentation of any of the above cited indications for the use of lumbar support. The benefit of such was not substantiated. Therefore, the request is not medically necessary.