

<b>Case Number:</b>	CM14-0018647		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	03/29/1993
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Family 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:

This injured worker's date of injury is 03/29/1993. The treating physician is treating the patient for chronic back pain. The diagnosis is "UNS thoracic/lum neuritis/radicul." (thoracic and lumbar neuritis and radiculopathy) In his clinical note dated 1/15/'14, the treating physician states that the patient complains of low back pain which interrupts his sleep and is aggravated by bending, pushing, pulling and lifting. He takes Etodolac, Gabapentin, Cyclobenzaprine, and Norco for the pain. On exam the low back had increased lordosis and curvature to the right. There was tenderness on palpation at the pelvic brim and muscle spasms. The physician has recommended a gym membership to "increase overall conditioning, strengthening the core to improve strength, flexibility, ROM, and stamina."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP AT [REDACTED]:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

**Decision rationale:** This injured worker's back pain started 20 years ago. The patient takes medications for his pain. While there is evidence that exercise, including aerobic conditioning and strengthening, is beneficial in dealing with chronic low back pain, there is no evidence for a particular kind of exercise and therefore no specific recommendation of one type of exercise program over another. The request for the gym membership is not medically necessary.