

<b>Case Number:</b>	CM14-0124861		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 30-year-old female was reportedly injured on 26 July 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of low back pain radiating to the right and left lower extremity. Current medications include Ibuprofen, Soma, Zofran, Zantac, Xanax, and Vicodin. The physical examination demonstrated an obese individual that uses a cane for ambulation assistance. Diagnostic imaging studies of the lumbar spine indicated a small right-sided L4-L5 disc protrusion. Previous treatment includes a microdiscectomy in 2007 and a home exercise program. A request had been made for an MRI of the lumbar spine and a gym membership with pool access and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership with a pool x 1 year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines \_ Low Back (updated 7/3/14) Gym Membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Gym Membership, Updated August 27, 2014.

**Decision rationale:** According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a gym membership with pool access is not medically necessary.

**MRI Lumbar:** 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.

**Decision rationale:** According to the attached medical record the injured employee has had a previous lumbar spine MRI performed on April 3, 2011. There is no indication that the injured employee's symptoms have changed since the date of this MRI. Considering this, this request for a repeat MRI of the lumbar spine is not medically necessary.