

<b>Case Number:</b>	CM14-0164618		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	10/12/1999
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 reportedly associated with an industrial injury of October 12, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 23, 2014, the claims administrator failed to approve a request for a gym membership. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 29, 2014, difficult to follow, not entirely legible, the applicant presented with ongoing complaints of low back pain. The applicant was not working, it was acknowledged. The applicant was apparently using Lyrica, Mobic, and Colace. Large portions of the progress note were very difficult to follow. The applicant was status post lumbar spine surgery; it was suggested in another section of the note. The applicant was asked to continue home exercises. On September 8, 2014, the applicant was again presented with ongoing complaints of low back pain. The applicant was reportedly using Lyrica, Norco, and Colace; it was stated on this occasion. Gym membership was sought. The applicant was not working, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 6 months with heated pool:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back: Gym memberships

**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, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. One of the attending provider's handwritten progress notes, furthermore, seemingly suggests that the applicant is capable of performing self-directed home physical medicine without the formal gym membership being proposed here. Therefore, the request is not medically necessary.