

<b>Case Number:</b>	CM14-0169656		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/03/2004
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 September 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated October 13, 2014, the claim administrator denied a request for a gym membership and chiropractic manipulative therapy while approving electrodiagnostic testing of the lower extremities. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported ongoing complaints of low back pain reportedly associated with an industrial lifting injury. The applicant reported 9/10 pain without medications versus 5/10 pain with medications. The applicant was status post a cervical fusion surgery and left and right carpal tunnel release surgery, it was acknowledged. The applicant was on Kadian, Norco, Lidoderm, Prilosec, Motrin, Lunesta, it was acknowledged. The applicant was currently "not employed" and had last worked in 2010. The applicant was 55 years old, it was acknowledged. Electrodiagnostic testing, a six-month gym membership, and chiropractic manipulative therapy were endorsed. The applicant was asked to continue unchanged permanent work restrictions, which are apparently resulting in his removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 include adhering to and maintaining exercise gym regimens. The gym membership being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.