

<b>Case Number:</b>	CM14-0182860		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for [REDACTED] gym membership. The claims administrator did note that the applicant was a severely obese individual, with a body mass index (BMI) of 40. The applicant received a lumbar epidural steroid injection on October 27, 2014. In an October 9, 2014 progress note, the applicant reported ongoing complaints of low back and left ankle pain. The applicant was reportedly a candidate for a calcaneal osteotomy procedure if and when he succeeded in losing work. The applicant stated that exercise and prolonged walking exacerbated his symptoms. The applicant had longstanding issues with low back, knee, foot, and shoulder pain. The applicant was using Flexeril, Voltaren, Relafen, and Norco. The applicant exhibited 5/5 bilateral upper and bilateral lower extremity strength. Raised toilet seat and a cane for ambulation assistance purposes were endorsed while the applicant was placed off of work, on total temporary disability. In a progress note dated September 9, 2014, the applicant reported persistent complaints of low back pain radiating into left leg. Lumbar MRI imaging was endorsed as of that point in time. The applicant's work status was not furnished. In a May 14, 2014 progress note, the applicant was again described as trying to lose weight. The applicant was also trying to cease smoking. The applicant was reportedly considering a Lap Band surgery. The applicant was again placed off of work, on total temporary disability. The applicant was asked to consider to an ankle fusion surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**YMCA gym membership, unspecified frequency/duration:** 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), Gym Memberships, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48, 83, Chronic Pain Treatment Guidelines Education Page(s): 46-47.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5 page 80, to achieve functional recovery, applicants must assume certain responsibilities, one of which include adhering to and maintaining exercise regimens. Similarly, the MTUS Guideline in ACOEM Chapter 3 page 48 notes that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, the attending provider's prescription for a gym membership of unspecified frequency and duration, by definition, do not clearly state treatment goals, treatment frequency, or treatment duration. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that there is no recommendation in favor of any one particular form of exercise over another. Here, it is not clearly stated why the YMCA gym membership was preferable to other forms of exercise for this particular applicant. Therefore, the request is not medically necessary.