

<b>Case Number:</b>	CM14-0069432		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 61-year-old individual was reportedly injured on November 30, 2009. The most recent progress note, dated August 7, 2014, indicated that there were ongoing complaints of low back pain. It was noted that self-treatment has been completed "without improvement." The physical examination demonstrated tenderness to palpation, a decrease in range of motion, and a negative Spurling's test was reported. Diagnostic imaging studies were not addressed in these previous notes. Previous treatment included medications, physical therapy, and pain management interventions. A request had been made for gym membership and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Year Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment For Workers' Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter, updated September 2014

**Decision rationale:** It is noted this topic is not addressed in the MTUS or ACOEM guidelines. The parameters outlined in the ODG were used. According to the ODG, a gym membership is not recommended as a medical prescription item, as there is no healthcare monitoring by medical professionals. Furthermore, the progress notes indicate that the self-treatment protocol outlined by the injured employee has not been effective. Therefore, there is no clinical indication presented in these notes to suggest the medical necessity of this intervention.