

<b>Case Number:</b>	CM14-0100884		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

48y/o female injured worker with date of injury 10/25/10 with related low back pain. Per progress report dated 7/9/14, the injured worker rated her pain 7/10 with medications, 10/10 without medications. Per physical exam of the cervical spine, there was hypertonicity and tenderness noted bilaterally about the paravertebral muscles. Spinous process tenderness was noted on C4, C5, and C6. Tenderness was noted at the paracervical muscles and trapezius. Per physical exam of the lumbar spine, there was hypertonicity, spasm, tenderness, and tight muscle band noted bilaterally about the paravertebral muscles. There was facet tenderness to palpation on extension at L2 through L5 on the left. Tenderness was noted over the left SI joint. Treatment to date has included physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 6/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month gym membership with pool access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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, Gym Membership

**Decision rationale:** The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Review of the medical records indicates that the injured worker has failed electrical stimulations, medications, manual therapy, physical therapy, and a home exercise program. However, the documentation contains no rationale specifying the need for gym equipment or pool access. The request is not medically necessary.