

<b>Case Number:</b>	CM14-0149156		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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:

According to the records made available for review, this is a 47-year-old male with an August, 18, 2008 date of injury. At the time (8/7/14) of request for authorization for gym membership (for 6 months), there is documentation of subjective (low back pain) and objective (not specified) findings. The current diagnoses are chronic pain syndrome, sacroiliac sprain, low back pain, and myofascial pain syndrome. The treatment to date includes medications and physical therapy. There is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low back Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Gym Membership

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Official Disability Guidelines identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, sacroiliac sprain, low back pain, and myofascial pain syndrome. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for gym membership (for 6 months) is not medically necessary.