

<b>Case Number:</b>	CM14-0188992		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/31/13 when, while lifting a pallet overhead, he had low back pain. Treatments included medications and physical therapy. An MRI of the lumbar spine in August 2013 showed findings of lumbar facet arthropathy with a right lateralized T11-T12 disc protrusion. Subsequent treatments included chiropractic care. He was seen on 05/27/14. He was having low back pain radiating into the left lower extremity. Pain was rated at 7-9/10. Physical examination findings included a height of 6 feet, 1 inches and weight was 370 pounds which corresponds to a BMI of 48.8. There was lumbar spine tenderness and left sciatic notch "irritation". He had decreased lumbar spine range of motion. He had decreased left buttock sensation. On 06/17/14, pain was rated at 7/10. He had lumbar spine tenderness increased with flexion and extension. Soma and Norco were prescribed. He was noted to be performing a home exercise program and going to school. On 08/05/14 there been improvement after four acupuncture treatment sessions. Pain was rated at 5-6/10. He was taking medications as needed. Medications were continued. There was consideration of a lumbar epidural steroid injection. On 09/25/14 he had decided to undergo the epidural injection. Transforaminal epidural steroid injections were performed on 10/08/14. On 10/24/14 there had been a 5-10% improvement. There is reference to facet joint injections as having been more helpful. The note describes the claimant as "fearful of going to [the] gym as he is concerned about being videotaped." Physical examination findings included pain with lumbar spine extension. Norco and Relafen were prescribed. Authorization for a gym membership for a self-rehabilitation program was requested.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Membership

**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-Lumbar & Thoracic (Acute & Chronic), Gym memberships

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included physical therapy and the claimant performs a home exercise program. The claimant indicates that he is fearful about going to a gym due to concerns about being videotaped. According to the Official Disability Guidelines, a gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant performs a home exercise program and indicates that he would not perform a gym based exercise program. Therefore, the requested gym membership is not medically necessary.