

<b>Case Number:</b>	CM15-0168007		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 58 year old male, who sustained an industrial injury on May 21, 2001. The injured worker is currently diagnosed with lumbar intervertebral disc displacement and lumbar intervertebral disc degeneration. He is not currently working. Treatment to date has included physical therapy, home exercise program, medication and TENS unit. Currently, the injured worker complains of low back pain and right lower extremity numbness and tingling. A progress note dated March 25, 2015 states the injured worker received benefit from physical therapy as it reduced his medication use, improved his home exercise participation and increased strength and stability. The note also states the injured worker did not experience therapeutic efficacy from the TENS unit; however, he does report efficacy from the H-wave unit at therapy. A progress note dated July 22, 2015 states the injured worker is experiencing an increase in pain due to decreased physical activity and deconditioning. The note also states the injured worker requires access to a gym and the equipment available to continue with the home exercise program learned from physical therapy. The note further states the injured worker received pain relief from Ibuprofen, Lidoderm (neuropathic pain) and Norco for severe pain. The medication decreases the pain by greater than 50% and allows for him to maintain his current level of functioning and engage in activities of daily living, per note dated July 22, 2015. A physical therapy note dated July 31, 2015 states the injured worker is tolerating therapy, making progress toward goals and experiencing a decrease in symptoms and increased function. A gym membership for one year is requested to manage his symptoms and avoid flare-ups.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gym membership for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated if there is a failure of a home exercise program or the need for specialized equipment. The membership must be under the supervision of a medical professional. The provided medical records for review do not meet these criteria and the request is not medically necessary.