

<b>Case Number:</b>	CM15-0037842		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old female sustained an industrial injury on 3/26/10, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine showed annular fissures at L4-5 and L5-S1. In a PR-2 dated 11/11/14, the injured worker complained of right low back pain and sacroiliac joint pain with radiation to the right lower extremity associated with numbness, tingling and cramping. Physical exam was remarkable for antalgic gait, exquisite tenderness to palpation of the lumbar spine with decreased range of motion, tenderness to palpation over the right sacroiliac joint and decreased sensation to the right lower extremity. Current diagnoses included chronic right low back pain, right lower extremity radicular pain, annular fissures and right sacroiliitis. The treatment plan included continuing medications (Flexeril and Oxycontin), an epidural steroid injection, continuing gentle exercises and a membership to a gym with a pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter on Gym Memberships.

**Decision rationale:** The patient presents with right lower back pain and tingling in the right foot. The patient is status post right sacroiliac joint inter-articular steroid injection from 07/30/2014. The physician is requesting UNKNOWN GYM MEMBERSHIP. The RFA from 12/05/2014 shows a request for gym membership so she may have access to pool as discussed in [REDACTED] report November 11, 2014. The patient's date of injury is from 03/26/2010 and she is currently on modified duty. The MTUS Guidelines recommends exercise but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatments. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions have not been effective; there is a need for equipment; and treatment needs to be monitored and administered by medical professionals. The records do not show any previous request for a gym membership. The 12/05/2014 report notes that the patient ambulates with a limp favoring the right lower extremity. Motor examination and sensory examination are within normal limits. The patient does not have any instability or weight-bearing issues. There is no indication that the patient cannot perform a home exercise program to improve strength and flexibility. Furthermore, the current request does not specify a duration of treatment. In this case, the patient has not met the ODG criteria for a Gym Membership. The request IS NOT medically necessary.