

<b>Case Number:</b>	CM13-0061928		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 43 year old man with a date of injury of 1/18/11. He was seen by a provider in immediate care on 11/24/13 with complaints of ongoing back pain and spasm. He has received 12 sessions of acupuncture, chiropractic care and physical therapy. He had returned to modified work and felt that acupuncture and chiropractic care had helped. He walks an average of 5 miles per day at work. He took multiple pain medications including soma, norco, indomethacin, ibuprofen and cymbalta. His physical exam showed persistent low bilateral back pain with paravertebral muscle spasm and positive straight leg raises. His diagnoses were back injury and low back pain. A gym membership was requested 'to meet his carriers exercise expectations'.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF GYM MEMBERSHIP FOR ONE (1) YEAR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Per the MTUS, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. This injured worker has received acupuncture, chiropractic care and physical therapy for 12 sessions each. A self-directed home exercise program should already be in place. The records do not support the medical necessity for a gym membership.