

<b>Case Number:</b>	CM14-0180624		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 & 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:

This 30 year-old patient sustained an injury on 10/25/10 while employed by [REDACTED]. Request(s) under consideration include 6 months gym membership (low back). Diagnoses include Lumbar disc disease/ radiculopathy post laminectomy syndrome with one level L5-S1 fusion on 10/1/12. Report of 9/29/14 from the provider noted the patient with chronic persistent low back pain with failed conservative treatment underwent one-level lumbar fusion in 2012. Overall, the patient was reported to be happy with the surgical success, but still experiencing intermittent numbness, tingling, and weakness of the bilateral lower extremities and foot/toes. The patient was noted to remain active with home exercise program and is a college student. The patient was denied gym membership, but approved for TENS. Current pain level rated at 7/10 without and 5/10 with medications allowing for tolerance of ADLs and increased mobility. Medications list Norco, Baclofen, and Ibuprofen. Exam showed symmetrical and decreased DTRs, restricted lumbar range of flex/extension/lateral bending of 40/10/15 degrees; positive sciatic notch tenderness and SLR; normal heel and toes walking; normal gait and posture with diffuse spasm on right and decreased sensation and strength in bilateral lower extremities. The request(s) for 6 months gym membership (low back) was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Months Gym Membership (Low Back): Upheld**

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

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

**Decision rationale:** It has been over 2 years post one-level lumbar fusion in October 2012. It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT (physical therapy) as noted by the provider. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The 6 months gym membership (low back) is not medically necessary.