

<b>Case Number:</b>	CM14-0184973		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Anesthesiology, has a subspecialty in Pain medicine, and is licensed to practice in Texas and Florida. 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 patient is a year 30 old female who was injured on 10/25/2010. The diagnoses are status post lumbar laminectomy syndrome, lumbar radiculopathy and low back pain. On 9/29/2014, [REDACTED] noted subjective complaint of low back radiating to the lower extremities associated with weakness, numbness and tingling sensations. The pain score was 5/10 with medications and 7/10 without medications. There are objective findings of tenderness of the lumbar paraspinal area, positive straight leg raising test and decreased range of motion of the lumbar spine. The patient completed PT, home exercise program and TENS treatment. The medications are Norco and ibuprofen for pain and baclofen for muscle spasm. The patient is physically active and had used a treadmill during the home exercise program. She is a college student. A Utilization Review determination was rendered on 10/7/2014 recommending non certification for 6 months of gym membership for low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 mos gym membership (low back): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web version; GYM Membership

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of exercise therapy in the management of chronic musculoskeletal pain. It is recommended that supervised exercised programs be utilized so that the exercise can be modified to target specific treatment goals to treat musculoskeletal pain. The guidelines did not recommend facilities that are not managed and supervised by healthcare professional such as regular gym and athletic clubs. The records show that the patient completed PT and home exercise program. The patient was able to perform ADL, use a treadmill and attend College. The criteria for the 6 months of Gym membership for low back were not met. The request is not medically necessary.