

<b>Case Number:</b>	CM14-0211581		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Arizona  
 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:

The injured worker is a 45-year-old female who reported an injury on 09/10/2009, the mechanism of injury was not provided, nor were the medications, prior therapies or surgical history. On 08/15/2014, the injured worker presented with low back pain shooting down the right leg with tingling, numbness and paresthesia. Upon examination, there was diminished sensation to light touch to the right leg. There was increased lumbar lordosis. There was 5/5 strength except in the right EHL and plantar flexors which were 4/5 strength. There was a positive hyperextension maneuver to the left side of the lumbar spine. There was paravertebral muscle spasm and localized tenderness noted in the lumbar spine. The range of motion values for the lumbar spine were restricted. The diagnoses were lumbar sprain/strain, lumbar disc mild protrusion at L5-S1, right lumbar radiculitis and sciatica and chronic myofascial pain syndrome. The provider recommended that the injured worker continue ROM, stretching, strengthening and spine stabilization with home exercise. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Months independent gym program with lifestyle for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Official Disability Guidelines indicated that gym memberships are not generally considered medical treatment. The provider recommended a home exercise program. There was a lack of documentation of exceptional factors to support non-adherence to guideline recommendations. Given the above, the request for 6 months independent gym program with lifestyle for the lumbar spine is not medically necessary.