

<b>Case Number:</b>	CM15-0122652		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 37 year old female, who sustained an industrial injury on 6/17/09. She has reported initial complaints of a neck injury. The diagnoses have included cervical disc displacement without myelopathy, neck pain, cervicobrachial syndrome, and psychogenic pain. Treatment to date has included medications, activity modifications, physical therapy, diagnostics, epidural steroid injection (ESI), psychiatric, other modalities and home exercise program. Currently, as per the physician progress note dated 6/8/15, the injured worker complains of chronic neck pain rated 4/10 on pain scale with upper extremity symptoms of deep ache, throbbing and tightness that extends to the fingers with numbness and tingling. The left upper extremity pain is rated 7/10 on pain scale. It is noted that she continues to have benefit from a cervical epidural steroid injection (ESI) given in March. She reports headaches, neck pain, balance problems, poor concentration, memory loss, weakness, anxiety, depression and suicidal thoughts. The objective findings are unremarkable. The diagnostic testing that was performed included X-rays and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Lidoderm patch, Clonazepam, Naproxen, Ativan and Bentyl. It is noted by the physician that she continues to have neck pain with radiation into the left upper extremity. The physician requested treatment included 3 month gym membership so she continues with home exercises that helps her with the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 month gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and gym membership pg 53.

**Decision rationale:** There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, the request for a gym membership was so the claimant can perform "home exercises." Consequently a gym membership is not medically necessary.