

<b>Case Number:</b>	CM15-0171375		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: North Carolina

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 was a 43 year old female, who sustained an industrial injury, December 19, 2013. According to progress note of August 5, 2015, the injured worker's chief complaint was recent flare-ups in low back pain. The injured worker did stretches and walking exercises. The injured worker was taking Relafen as needed, which was helpful and the injured worker tolerated well. The injured worker was working. The injured worker rated the pain at 4 out of 10 and currently was 6 out of 10. The physical exam noted the injured worker demonstrated full range of motion of the lumbar spine with mild pain at the end-ranges, especially with extension, according to the treating physician. The muscle stretch reflexes were grade 2 out of 5 and symmetric at the patellae and Achilles. The seated slump test was negative. There was tenderness at the low lumbar paraspinals with palpation, worse on the left than the right. The injured worker was undergoing treatment for lumbago, left lumbar facet syndrome, chronic lumbar strain and or sprain with low lumbar disc protrusion, cervical strain and disc protrusion. The injured worker previously received the following treatments 6 sessions of acupuncture which helped the pain, Relafen, Nortriptyline, left L4-L5 and L5-S1 facet injection, 24 sessions of physical therapy, cervical spine MRI September 26, 2014 and lumbar spine MRI on September 26, 2014. The RFA (request for authorization) dated August 6, 2015, the following treatments were requested a 6 month gym membership. The UR (utilization review board) denied certification on August 12, 2015: for the month gym membership, the MTUS guidelines do not address this. The ODG guidelines suggest this be concern for further injury, and would not be generally considered medical treatment and therefore not covered.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Month Gym Membership:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore the request is not medically necessary.