

<b>Case Number:</b>	CM15-0172578		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on April 10, 2013. He reported low back pain. The injured worker was diagnosed as having lumbago, left lower radiculopathy, status post lumbar discectomy (2014), spinal stenosis of the lumbar spine and chronic pain syndrome. Treatment to date has included diagnostic studies, functional restoration program (FRP), medications and work restrictions. Currently, the injured worker continues to report low back pain radiating to the neck, left thigh, right thigh, bilateral lower extremities and around the waist area associated with cramps and muscle spasms. He reported poor sleep and irritability secondary to pain, numbness and muscle cramps in the left thigh. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on June 9, 2015, revealed continued pain as noted. He rated his pain at 5 on a 1-10 scale with 10 being the worst. It was noted he had a left sided antalgic gait. Physical therapy following the 2014 lumbar surgery was recommended. He noted he was only taking Ibuprofen for pain. His status was noted as temporarily totally disabled. Evaluation on July 10, 2015, revealed continued pain rated at 6 on a 1-10 scale. It was noted he attended all of the FRP dates and was now discharged from the FRP. He noted he could better manage his symptoms from the techniques learned through the FRP. The RFA included requests for Health club membership for 3 months and was non-certified on the utilization review (UR) on August 4, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health club membership for 3 months: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/17/15); ODG, Treatment Index, current Edition (Web), current year.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships (2) Pain (Chronic), Exercise.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for radiating back pain. He underwent a left L4/5 microdiscectomy in December 2014. Recent treatments include completion of a functional restoration program. When discharge from the program, he had been transitioned into an independent exercise program and had been given instructions in performing a daily workout. He was using a stationary bicycle and treadmill for cardiovascular conditioning. Authorization for a three month gym membership is being requested. In the treatment of chronic pain, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. In this case, a prescribed exercise program has been provided and the claimant does not have access to the equipment being requested at home. The request is appropriate and medically necessary. Continued use can be considered if can be documented that the claimant is using the facility at least 3 times per week and following the prescribed exercise program.