

<b>Case Number:</b>	CM13-0002520		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/12/2000
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

Prior treatment history has the patient undergoing a one-level lumbar fusion at L4-5, previously fused at L5-S1 in October 2012. Medications include: Protonix, Hydrocodone, Cyclobenzaprine, Cymbalta, Androgel, Zetia, Crestor, Nucynta, Neurontin, and Norco. The progress note dated 06/13/2013 documented the patient with complaints of deep achy pain on his lower back with some pain radiation down to his left lower extremity. Patient reported difficulty with lifting heavy objects. Long hours of sitting or standing would aggravate the back pain. Objective findings on exam show the patient pointing to his midline incision where most of his pain is. He is tender to palpation over the hardware sites and paraspinal muscles. He is not tender over the sacroiliac joints. He has 5/5 motor strength in the lower extremities. Negative straight leg raising signs. Hip range of motion is intact without pain. He is not tender over the greater trochanters today. The progress note dated 06/17/2013 documented the patient is back for follow-up. Seen being seen last the symptoms remain the same. Objective findings on exam reveal there is tenderness in the lumbar paraspinal muscles with healed incision. Flexion 80 degrees, extension 10 degrees, right and left bending 20 degrees. Cervical spine extension 35 degrees, flexion 15 degrees and left rotation 70 degrees with motor strength 5/5 in upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP X 6 MONTHS (WITH FULL ACCESS) FOR THE LOW BACK:**  
Upheld

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

**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 Section.

**Decision rationale:** The California MTUS Guidelines do not discuss the issue in dispute and hence the Official Disability Guidelines (ODG) has been consulted. According to the ODG guidelines, gym memberships are not generally considered medical treatment. They are not recommended unless a documented home exercise program has failed, equipment is needed, and treatment is monitored and supervised by medical professionals. After review of the medical records, home exercises do not appear to have failed; the patient does not need special equipment; and medical supervision is not anticipated. The medical necessity has not been established.