

<b>Case Number:</b>	CM13-0020670		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Family Practice, 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:

The patient 24-year -old male who reported an injury on 10/24/2011 after he prevented the fall of a patient. The patient reportedly sustained an injury to his low back. The patient's treatment history included physical therapy, medications, and epidural steroid injections. The patient's most recent clinical evaluation documented that he patient had limited range of motion secondary to pain with a positive straight leg raising test at 70 degrees causing low back pain. The patient's diagnoses included degenerative lumbar disc disease, displaced lumbar intervertebral disc , lumbar spondylosis, and thoracic/lumbar neuritis/radiculitis. The patient's treatment plan included a health club membership and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HEALTH CLUB MEMBERSHIP FOR 1 YEAR 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 NON-MTUS

**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 requested health club membership for 1 year for the low back is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address health club memberships. Official Disability Guidelines do not recommend health club memberships as medical prescriptions. The clinical documentation does not provide any evidence that the patient is participating in a home exercise program that requires additional exercise equipment that cannot be provided in the home. A health club membership would not be medically appropriate to a patient unless there is documentation that the patient has failed to progress in a self-managed, self-directed home exercise program. As such, the requested health club membership for 1 year for the low back is not medically necessary or appropriate.