

<b>Case Number:</b>	CM13-0035086		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/08/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 is a 51 year old male with date of injury 5/8/2010. The mechanism of injury is stated as a motor vehicle accident. The patient has complained of lower back pain since the date of injury. He had lumbar decompression surgery performed on 06/2013. He has also been treated with epidural corticosteroid injections, physical therapy and medications. Lumbar spine CT scan from 04/2013 revealed disc disease and neuroforaminal narrowing at L3-L5. Objective: motor 5/5, decreased range of motion lumbar spine. Diagnoses: lumbar radiculopathy. Treatment plan and request: Gym membership x 6 months.

### 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:** 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), 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 memberships.

**Decision rationale:** This 51 year old male has complained of chronic lower back pain since date of injury 5/8/2010. He has had lumbar spine decompressive surgery, epidural corticosteroid injections, physical therapy and medication treatment. The current request is for a gym membership x 6 months. Per the ODG guidelines cited above, gym memberships are not recommended as a medical prescription/ treatment unless a home exercise program has not been effective and there is a specific documented need for gym equipment. There is no such documentation in the medical records available for review. On the basis of the above cited guideline and available medical documentation, gym membership x 6 months is not indicated as medically necessary for this patient.