

<b>Case Number:</b>	CM13-0035471		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 49 year old male with a date of injury of 01/17/2008. The patient is status post L5-S1 microdiscectomy on 08/13/2008 and RACZ with epidural adhesiolysis on 07/29/2013. According to progress report dated 09/06/2013, patient reports pain level of 4/10 for relatively diffuse pain, including lower back, left lower extremity, left buttock and right knee. He also reports paraesthesia in the left lower extremity. Patient's current medications include Motrin and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional months of a 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 (ODG), Acute and Chronic.

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

**Decision rationale:** The patient is status post L5-S1 microdiscectomy on 08/13/2008 and RACZ with epidural adhesiolysis on 07/29/2013. The provider requests 6 months gym membership "so

he may exercise in a heated pool, for pain management and to help him to maintain his current activity level". Gym memberships are not specifically addressed in ACOEM. However, ODG guidelines state "it is 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 equipment. Treatments need to be monitored and administered by medical professionals. While an individual exercise program is recommended, outcomes that are not monitored by a health professional, such as gym memberships or advanced home exercise equipment are not recommended." The recommendation is for denial.