

<b>Case Number:</b>	CM13-0045871		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

The injured worker is a male with date of injury 8/20/2008. Per primary treating physician's progress report dated 9/12/2013, the injured worker feels no better. The pain is located on lower back and left sacral region. The pain is described as moderate. The pain did not radiate into the lower extremity. He states another piece of glass came out of his right hand. On exam, there is mild thoracic back muscle spasms with 70% range of motion of the lower thoracic back with stiffness. Neurovascular and muscle strength is intact. There is no spinal tenderness. There is mild to moderate lumbar back muscle spasms with 50% range of motion of the lumbar back. There is no spinal tenderness, and pelvis is level. Neurovascular and muscle strength is intact in the lower extremities. There is tender left sacral iliac joint. Tenderness of the right dorsum of the hand. Neurovascular and tendons are intact in the fingers and wrist. Diagnoses include 1) degeneration of lumbar or lumbosacral intervertebral disc 2) lumbar sprain 3) sacroiliac strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Membership section.

**Decision rationale:** The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a healthcare professional is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. The request for gym membership is determined to not be medically necessary.