

<b>Case Number:</b>	CM13-0058052		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 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 34 years old female with an injury date on 11/25/08. Based on the 10/10/13 progress report provided by the medical physician, the patient complains of low back pain. "The patient is status post total disc replacement at L4-L5 and L5-S1 levels. Positive straight leg raise is noted bilaterally." Lumbar spine ROM (range of motion) is limited. Patient's diagnosis is Lumbar discopathy. There were no other significant findings in this report. The utilization review denied the request on 11/11/13. The requesting provider provided treatment reports from 01/09/13 to 10/21/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool and gym membership 1 year:** 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), Low Back Complaints- 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) Knee & Leg (Acute & Chronic) chapter, Gym memberships

**Decision rationale:** According to the 10/10/13 report by medical physician, this patient presents with low back pain. The treater is requesting 12 month gym membership so that the patient could proceed with a self-directed home exercise program. The MTUS guidelines do not address gym memberships. The ODG guidelines states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." In summary, the treater did not provided any rationale for gym membership and why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. The request is not medically necessary.