

<b>Case Number:</b>	CM13-0067358		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 is a 49-year-old male who reported an injury on 03/26/2006. The patient was reportedly injured while working with a slap chain pipe cutter. The patient is diagnosed as status post lumbar fusion, lumbar disc disease with radiculitis, and history of opioid dependence. A Request for Authorization was submitted by [REDACTED] in 11/2013 for a gym membership. However, the latest physician progress report submitted by [REDACTED] is dated 04/10/2013. The patient reported 9/10 lower back pain with spasm and radiation to bilateral lower extremities. Physical examination revealed decreased range of motion and positive straight leg raise. Treatment recommendations at that time included a spinal cord stimulator trial, continuation of current medication, and a followup visit in 4 weeks' time

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE YEAR 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) Knee & Leg Chapter, Gym membership

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Gym membership

**Decision rationale:** Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The patient does not appear to meet criteria for the requested service. There is no indication that this patient has failed to respond to a home exercise program. There is also no indication that this patient requires specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified