

<b>Case Number:</b>	CM13-0071366		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/23/1989
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 patient is a 72-year-old male who has submitted a claim for chronic pain, discogenic; associated from an industrial injury date of 06/23/2009. Medical records from 11/12/1993 to 11/07/2013 show that patient complained of low back pain radiating to the posterior aspect of the right leg to the calf. On physical examination, there was bilateral low back tenderness with limitation of range of motion. Straight leg raise test was positive bilaterally. Manual testing was normal. Reflexes were intact. Treatment to date has included Flexeril, Dolobid, and lumbar surgery, L4-5 (1989).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE YEAR HEALTH CLUB MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

**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; Exercise, Gym Memberships

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. Gym memberships are 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs lack of feedback to the provider prevents prescription modification, and there may be risk of further injury to the patient. In this case, there is no documentation of a trial home exercise program. Moreover, the medical records do not indicate how the patient will be monitored during gym sessions. Therefore, the request for a one year health club membership is not medically necessary.