

<b>Case Number:</b>	CM14-0106052		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/17/2005
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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, and is licensed to practice in Illinois. 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 33-year-old male who reported injury on 01/17/2005. Mechanism of injury was not documented in the submitted report. The injured worker has a diagnosis of a sprain/strain of the lumbar spine. The injured worker's past treatment includes stretching program and home exercise program with medication therapy. Diagnostics include an x-ray which revealed negative findings. The injured worker complained of back pain. The injured worker stated that the pain was constant and variable depending on activity level. He rated his pain at a 4-7/10. It is not documented what part of his back the injured worker had the pain at. Physical examination dated 03/01/2014 revealed that the injured worker's lumbar spine had very minimal pain present during range of motion. There was pain to palpation in the lower back but very minimal. There was no evidence of range of motion ranges or muscle strengths. The injured worker's medications include Relafen 750 mg 1 tablet 2 times a day, Norflex 100 mg 1 tablet at bedtime, Tylenol, and hot patches. The duration of the medications was not reported in the submitted documentation. The treatment plan includes the refill of Relafen 750 mg and the request for 6 months gym membership. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership, for the lumbar spine, QTY: 6 months: 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.

**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, Gym Membership.

**Decision rationale:** The request for gym membership for the lumbar spine quantity 6 months is non-certified. The injured worker complained of back pain. The injured worker stated that the pain was constant and variable depending on activity level. He rated his pain at a 4-7/10. The Official Disability Guidelines state that a gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medically treatment, and are therefore not covered under these guidelines. There was no documentation showing why a gym membership would be most beneficial to the injured worker. There were no notes submitted showing whether the injured worker was successful with the home exercise program and if so, there was a lack of evidence showing whether the injured worker had improvements with it. There was no documentation of any other type of conservative care. There also lacked any evidence of diagnostic testing, past treatment care, and detailed physical examinations on the injured worker. There was no documentation on any functional deficits that would benefit the injured worker from a gym membership. Given the above, the request for gym membership for the lumbar spine quantity 6 months is non-certified.