

<b>Case Number:</b>	CM14-0010217		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/07/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 61-year-old female with a reported date of injury on 08/07/2003. The mechanism of injury was not submitted with the medical records. The progress note dated 12/28/2013 listed the diagnoses as herniated disc to the lumbosacral spine, lumbar radiculopathy, and status post lumbosacral fusion. The provider noted the injured worker describes lumbar spine pain of 4/10 to 5/10 and is centered over the bilateral sacroiliac joints. The injured worker indicated physical therapy and medications had been helpful in combination for her pain. The medication form dated 12/28/2013 indicated the medications as Norco 10/325 tablets #120, Prilosec DR 20 mg #90, Ultram ER 150 mg #90, and Flurbiprofen 30 grams. The Request for Authorization form dated 12/12/2013 requested a 1 year gym membership due to herniated disc lumbosacral spine/status post lumbosacral fusion due to lumbar spine pain centered over the bilateral sacroiliac joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF ONE YEAR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 memberships

**Decision rationale:** The injured worker has undergone physical therapy and is taking medications for pain. The Official Disability Guidelines (ODG) do 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. The ODG also state with unsupervised programs there is no information flow back to the provider, so he or she can not make changes in the prescription and there may be risk of further injury to the injured worker. The ODG state gym memberships, health clubs, swimming pools, athletic clubs, etc, would not generally be considered medical treatment, and are therefore not covered under these guidelines. There is a lack of documentation regarding functional improvement as well as a documented home exercise program with periodic assessment and revision, or a need for equipment. Therefore, the request is not medically necessary and appropriate.