

<b>Case Number:</b>	CM14-0015421		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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 64-year-old male who has submitted a claim for lumbar spondylosis, lumbar degenerative disc disease, and myofascial pain syndrome associated with an industrial injury date of 06/26/2003. Medical records from 01/07/2013 to 01/29/2014 were reviewed and showed that patient complained of chronic low back pain graded 1-3/10 with no associated radiation. A physical examination revealed tenderness to palpation over the lumbar paraspinal musculature and facet joints. There was increased pain with both extension and flexion of the lumbar spine. The treatment to date has included L2-L3, L3-L4 laminectomy, physical therapy, home exercise program (HEP), acupuncture, and pain medications. A utilization review, dated 01/28/2014, denied the request for six months of gym membership because gym memberships were not considered a medical treatment and risk of injury was also a concern.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH 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 Membership.

**Decision rationale:** The California MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that 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. With unsupervised programs, there may be risk of further injury to the patient. In this case, the patient requested for gym membership of six months in order to do aquatic therapy that will facilitate core strengthening. However, there was no documentation of HEP failure to necessitate gym membership. There were no objective findings or discussion to support the need for gym membership. It is unclear as to why the patient cannot self-transition into HEP for further core strengthening. Therefore, the request for 6 month gym membership is not medically necessary.