

<b>Case Number:</b>	CM14-0158243		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/08/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 54 year old male who was injured at work on 10/08/2009. He is reported to be complaining of 8/10 low back pain. The pain is achy, burning, sharp and numb. It radiates to both hips, both thighs, and both knees. The pain disturbs his sleep, although the pain is well controlled with his medications. The medication is associated with dizziness. The injured worker is also noted to be getting depressed; radiates to the left hip. The physical examination revealed limited range of motion of the lumbar spine, tender paravertebral muscle and L3, L4, L5 and S1 spine; bilateral positive straight leg; weakness of knee extensors and flexors; decreased sensations in L4, L5 and S1 dermatome. He has been diagnosed of Lumbago, Thoracic or Lumbosacral Neuritis or radiculitis not otherwise specified Sprains and strains of thoracic region, spasms of Muscle. Treatments have included Cyclobenzaprine, Norco, Naproxine, and Protonix. At dispute is the request for a three month health club membership for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A three month health club membership for the lumbar spine:** 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Gym membership

**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 - Lumbar & Thoracic (Acute & Chronic , Gym membership

**Decision rationale:** The injured worker sustained a work related injury on 10/08/2009. The medical records provided indicate the diagnosis Lumbago, Thoracic or Lumbosacral Neuritis or radiculitis not otherwise specified Sprains and strains of thoracic region, spasms of Muscle. Treatments have included Cyclobenzaprine, Norco, Naproxine, and Protonix. The medical records provided for review do not indicate a medical necessity for a three month health club membership for the lumbar spine. The MTUS is silent on this topic. However, the Official Disability Guidelines does not recommend Gym membership or health clubs a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and the need for equipment. Also, treatment needs to be monitored and administered by medical professionals. Furthermore, there is a risk of injury, and there is lack of information flow back to the provider. Finally, the records indicate the injured worker is well motivated for home exercise program. Therefore, the requested treatment is not medically necessary and appropriate.