

<b>Case Number:</b>	CM14-0175311		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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:

Patient is a 57-year-old male who has submitted a claim for lumbar strain with nerve root irritation associated with an industrial injury date of 11/03/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lumbar pain and stiffness with intermittent flare-ups. He was able to manage his pain by exercising at the gym. Physical examination of the lumbar spine showed tenderness and restricted motion by 30%. Sensory and motor exam were intact. Straight leg raise test was negative. Treatment to date has included physical therapy, chiropractic care, aqua therapy, and medications. Utilization review from 10/2/2014 denied the request for [REDACTED] membership / independent exercise program x 1 year. Reason for denial was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] membership/independent exercise program for one year: 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 Chapter, Gym Memberships

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, patient complained of chronic lumbar pain and stiffness with intermittent flare-ups. Physical examination of the lumbar spine showed tenderness and restricted motion by 30%. Sensory and motor exam were intact. Straight leg raise test was negative. Patient was able to manage his pain by exercising at the gym; hence this request for a gym membership program. However, there was no discussion regarding the need for certain gym equipment to warrant such request. Moreover, it was unclear why patient cannot perform independent exercises at home instead. The medical necessity cannot be established due to insufficient information. Therefore, the request for [REDACTED] membership / independent exercise program x 1 year was not medically necessary.