

<b>Case Number:</b>	CM14-0184652		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	12/16/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Family Practice 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:

This is a 58-year-old female injured worker who sustained a work related injury on December 16, 2003 involving the neck. She was diagnosed with chronic pain syndrome. She underwent radiofrequency ablation of bilateral C-3 - C4 medial branches in 2011. The progress note dated October 27, 2014, indicated the injured worker had continued neck pain; surgery was recommended for her neck; and diabetic control weight loss was also recommended. She was previously requested to see a dietitian and have access to a gym. She was noted to have 7/10 pain. At that time, she had been treated with non-steroidal anti-inflammatory drugs, opioids and antidepressants. The exam findings were notable for a weight 190 pounds and she was 5'1" tall. She was requested to lose weight and the treating physician requested a three-month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x 3 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, Web Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership

**Decision rationale:** According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the Official Disability Guidelines (ODG) indicates that gym memberships are not recommended as a medical prescription, unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. The treating physician does not state the reason for inability for weight loss through a home-based program and caloric control. The reason for a three month length of time for a gym membership is also not specified. Therefore, this request is not medically necessary.