

<b>Case Number:</b>	CM14-0035498		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/10/2006
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/22/2014

### 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 Orthopedic Surgery 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 injured worker is a 51-year-old male who was reportedly injured on February 10, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 12, 2014, indicated there were ongoing complaints of intractable low back pain. There were radiations of symptoms into both lower extremities associated with some weakness. The physical examination demonstrated a well-nourished, well-developed individual in no acute distress. No other physical examination findings were presented. Diagnostic imaging studies reportedly noted changes consistent with a lumbar fusion surgery at L5-S1 with no significant lumbar spondylosis, spinal cord stenosis or evidence of nerve root impingement. Electrodiagnostic studies were reported to be negative. Previous treatment included multiple medications, physical therapy, a lumbar support, and lumbar fusion surgery. A request was made for a one-year gym membership and was not certified in the pre-authorization process on February 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership 1 year:** 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 Chapter, Gym Memberships.

**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, 2014.

**Decision rationale:** The Official Disability Guidelines (ODG) specifically recommends against the use of gym memberships. The clinician indicated that the membership has been noted to help with the claimant's pain in the past. However, there was no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. Transition to a home exercise protocol was all that was indicated. Therefore, the request for a gym membership for 1 year is not medically necessary and appropriate.