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| <b>Case Number:</b>   | CM14-0041053 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 04/18/2006 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2014 |

### 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:

This is a 46-year-old female with a 4/18/06 date of injury. She injured herself while driving a package car. According to the progress note dated 3/6/14, the patient presented with complaints of back spine and stiffness, located below the waist near L4-5 and L5-S1. Previous to the injury, the patient had a L4-5 hemilaminectomy and foraminotomy, and discectomy with fusion, with interiorly placed cage on 10/9/02. Diagnostic impression: Post laminectomy lumbar syndrome. Treatment to date: medication management, land-based physical therapy, home exercise program, aquatic therapy, activity moderation, and a spinal stimulator implant for the mid-low back and legs. A UR decision dated 3/17/14 denied the six-month health club membership request. The ACOEM Guidelines were not utilized due to the chronicity of this case. The California MTUS does not address gym memberships. According to the Official Disability Guidelines, the low back exercise program has not been effective. There is a need for equipment and more personal care monitoring outcomes by a health care professional. Unsupervised programs do not provide information flow back to the clinician, and there may be a risk of further injury to the patient. Therefore, gym memberships are considered not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health Club Gym Membership: year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Low Back Chapter regarding 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: GYM MEMBERSHIP.

**Decision rationale:** The California MTUS does not address this issue. The ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. There is not documentation of a home exercise program being performed. In addition, this request is for a year membership, which is excessive. Therefore, the request for Health Club Gym Membership: year was not medically necessary.