

<b>Case Number:</b>	CM15-0002498		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/10/1996
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 69 year old male, who sustained an industrial injury on January 10, 1995. The diagnoses have included displacement of cervical intervertebral disc without myel, lumbago, other unspecified back disorders and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included Magnetic resonance imaging (MRI) of lumbar spine on November 28, 2011 and April 29, 2014, oral medication, urine toxicology testing, home exercise program and physical therapy. Currently, the IW complains of continued pain in the low back with radiculopathy of the left leg, left foot drop with occasional tripping. The provider reports on December 15, 2014 the injured worker has functional improvement with medication allowing him to get himself out of bed, bathe, and preform activities around the house. On January 5, 2015 Utilization Review non-certified a Gym membership quantity six , noting Medical treatment utilization schedule (MTUS) guidelines and Official Disability guidelines (ODG) was cited. On December 29, 2014, the injured worker submitted an application for IMR for review of Gym membership quantity six, Morphine 15mg quantity 90, Norco 10/325mg quantity 120 and lab comprehensive metabolic panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership QTY #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gym Membership

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The official disability guidelines go on to state Furthermore: treatment needs to be monitored and administered by medical professionals. The treating physician does not detail the failure of a home exercise program nor does he detail what would necessitate the need for a gym membership. As such, the request for a gym membership quantity #6 is not medically necessary.