

<b>Case Number:</b>	CM15-0135780		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/24/2003
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

### 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 71 year old female who sustained an industrial/work injury on 7-24-03. She reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar disc disease, status post fusion. Treatment to date includes medication, brace, and surgery (prior lumbar fusion). Currently, the injured worker complained of residual back and intermittent leg pain. Per the primary physician's report (PR-2) on 6-8-15, exam notes tenderness on the right paralumbar muscles, limited flexion and extension at the waist with spasm, and neurologically intact. The requested treatments include gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, 6 months to 1 year, per 06/04/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 05/15/2015.

**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 Pain, Gym Membership.

**Decision rationale:** There are no specific MTUS guidelines that discuss the use of gym membership. Other guidelines as cited above were used. The patient's clinical documents were reviewed. According to the above-cited guidelines, The Official Disability Guidelines state in the low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals." The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. At this time, a gym membership is not considered a medical necessity.