

<b>Case Number:</b>	CM15-0162972		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old male who sustained an industrial injury on 5-1-14. He had complaints of low back pain. Progress report dated 7-6-15 reports continued complaints of low back pain that radiates to the buttocks, bilateral post thighs and calves. The AME report dated 5-11-15 recommends home exercise program, 6 visits of physical therapy, 12 month gym membership, narcotic pain medications, anti-inflammatory medications, muscle relaxers, neuropathic pain medication, back brace, TENS unit and functional restoration program. Diagnoses include: L5-S1 radiculopathy, neuropathic pain, lumbar post laminectomy syndrome, and lumbar disc herniation. Plan of care includes: recommend a 12 month gym membership, recommend a 30 day TENS trail, provided prescription for percocet 10 mg 1 three times per day as needed for pain, #90 no refills, discussed activity modification. Follow up in 4 weeks. Work status: temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 month gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 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/Gym Membership Section.

**Decision rationale:** The MTUS Guidelines do not address gym memberships to provide access for self directed therapy. The ODG does not recommend gym membership 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. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc, would not generally be considered medical treatment. In this case, the available documentation does not provide a rationale for this request, specifically, there is no evidence to suggest that this injured worker would not benefit from a self-directed, home-exercise program. The request for 12 month gym membership is not medically necessary.