

<b>Case Number:</b>	CM15-0191698		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 12-10-13. Medical records indicate that the injured worker is undergoing treatment for a lumbar strain and lumbar radiculitis. The injured worker was working with modified duties. On (8-31-15, 7-27-15 and 6-29-15) the injured worker complained of low back pain rated 3-4 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness throughout the lumbar paravertebral muscles worse at the lumbar four-lumbar five levels. Range of motion was normal but painful. A sitting straight leg raise test was positive bilaterally. Sensation was intact in the lower extremities. The treating physician counseled the injured worker on weight reduction, a healthy diet and joining a gym for strengthening and stretching. Documented treatment to date has included medications and physician counseling. Current medications include Tramadol ER and Exoten-C lotion. Current treatment request is for a gym membership for strengthening, stretching and weight reduction times 3 months. The Utilization Review documentation dated 9-8-15 non-certified the request for a gym membership for strengthening, stretching and weight reduction times 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym for strength and stretching, weight reduction, for three months: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Gym for strength and stretching, weight reduction for three months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, 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 and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar radiculitis. Date of injury is December 10, 2013. Request for authorization is August 31, 2015. According to an August 31, 2015 progress note, subjective complaints include low back pain 4/10. Objectively, the injured worker ambulates with antalgic gait. There is tenderness to palpation at the paraspinals with positive straight leg raising. There is no height, weight or BMI in the medical record. There is no documentation indicating attempted weight loss in the medical record. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no height or weight in the medical record, and guideline non-recommendations for gym memberships, Gym for strength and stretching, weight reduction for three months is not medically necessary.