

<b>Case Number:</b>	CM15-0206320		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 49 year old male, who sustained an industrial injury on 1-4-2001. The injured worker was being treated for status post lumbar fusion, chronic low back pain, status post lumbar hardware removal, cervical discogenic disease with radiculitis, chronic cervical spine sprain and strain, and intractable low back pain. The injured worker (7-16-2015 and 9-17-2015) reported ongoing neck, bilateral shoulder, and low back pain. He reported occasional shooting pain in the legs. The physical exam (7-16-2015 and 9-17-2015) reveals severe pain and spasm of the neck, a well-healed lumbar spine surgical scar, lumbar spasm and positive bilateral straight leg raise. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit, massage therapy, and medications including pain, antidepressant, anti-anxiety, and non-steroidal anti-inflammatory. Per the treating physician (9-17-2015 report), the injured worker remains permanent and stationary. The requested treatments included a gym membership. On 10-1-2015, the original utilization review non-certified a request for a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Low Back.

**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. The ODG does not recommend gym memberships 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. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 patients. There is no indication that the injured worker needs the use of special equipment that would necessitate a gym membership. The request for gym membership is determined to not be medically necessary.