

<b>Case Number:</b>	CM15-0027136		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/20/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: 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 50 year old male who sustained an industrial injury on 9/20/00 when he fell forward injuring his neck, back, both shoulders and hand. He currently complains of burning stabbing low back pain and numbness with pain intensity of 6/10. Medications include diabetic medications, aspirin, gabapentin and anti-inflammatory. Activities of daily living were not addressed. Diagnoses include diabetes, lumbar radiculopathy and lumbago. Treatments to date include lumbar transforaminal steroid injection (from the documentation his blood sugar was high and the injection was postponed); home exercise program; transcutaneous electrical nerve stimulator unit, medications. Electrodiagnostic studies revealed lumbar radiculopathy. There was no documentation citing reason for gym membership but request was made 11/3/14. On 2/11/15 Utilization review non-certified the request for 16 month gym membership citing ODG: Low Back- Lumbar & Thoracic (Acute & Chronic).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 - Lumbar & Thoracic (Acute & Chronic) Gym memberships.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) state that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The medical records document a history of low back complaints. ODG guidelines indicate that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for gym membership is not medically necessary.