

<b>Case Number:</b>	CM15-0046897		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/02/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury to the low back on 10/2/04. The diagnoses have included low back pain, obesity, coronary artery disease (CAD) and depression. Surgery has included lumbar decompression and fusion and hardware removal with stenosis and bulging disc. Treatment to date has included medications, detox, pain management, Transcutaneous Electrical Nerve Stimulation (TENS), Epidural Steroid Injection (ESI), acupuncture which helped and physical therapy. Currently, as per the physician progress note dated 12/3/14, the injured worker complains of low back and buttock pain. It was noted that he was actively trying to lose weight and was being encouraged to exercise. The physician noted that he felt that it would be cost effective and recommended gym membership to help with his weight, blood pressure and back problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM PROGRAM GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships.

**Decision rationale:** Per the 03/09/15 report by [REDACTED], the patient presents with chronic lower and mid back pain radiating to the lower back along with weight gain, mood and sleep problems. The patient's listed diagnoses include: Failed back surgery syndrome with lumbar radiculopathy and obesity. The current request is for GYM PROGRAM MEMBERSHIP per the RFA included dated 02/27/15. The patient is on Social Security Disability per the 12/03/14 report by [REDACTED]. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state they are, "Not recommended 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." ODG further states treatment must be monitored by medical professionals. The requesting physician, [REDACTED], states on 11/12/14 that the patient has been trying to lose weight and is encouraged to exercise. A gym membership is requested to help with the patient's weight, high blood pressure and his back. In this case, there is no documented home exercise program in the reports provided. Furthermore, the treater does not explain why exercise cannot be performed without specialized equipment or how the patient is to be monitored. Therefore, the request IS NOT medically necessary.