

<b>Case Number:</b>	CM15-0055402		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Massachusetts  
 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 34-year-old female, who sustained an industrial injury on 6/1/07. She reported initial complaints of low back pain. The injured worker was diagnosed as having disc disorder lumbar; lumbago; lumbar radiculopathy; lumbar discopathy. Treatment to date has included MRI lumbar spine (10/24/12); chiropractic care; physical therapy; EMG/NCV bilateral lower extremities (1/15/13); status post left L5-S1 hemimicro laminectomy, discectomy, partial medial facetectomy, foraminotomies, lysis of extensive adhesions (9/6/13); medications. Currently, the most recent PR-2 notes submitted is dated 9/15/14, the injured worker complains of intermittent low back pain that radiates to the right lower extremities. The provider included a treatment plan that included medication refills, lumbar epidural steroid injections; TENS unit. The provider has additionally requested a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym memberships:** 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), 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 / Gym membership.

**Decision rationale:** According to ODG, CA MTUS and ACOEM are silent, gym membership is "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." According to my review of the records, there is no indication that a home exercise program has been attempted and been non-effective; additionally there is no documentation of a specific need for gym equipment for rehabilitation. The request for gym membership does not outline a monitored treatment program that is administered by medical professionals. Consequently, the provider's request for a gym membership does not meet the cited guidelines. Therefore, the request is not medically necessary.