

<b>Case Number:</b>	CM15-0085784		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old man sustained an industrial injury on 4/11/2014. The mechanism of injury is not detailed. Diagnoses include lumbago, sciatica, lumbar radiculitis, lumbar disc herniation, lumbosacral disc herniation, lumbar disc degeneration, and disc disorder with myelopathy. Treatment has included oral medications. Physician notes dated 1/21/2015 show complaints of continued back pain. Recommendations include lumbar spine epidural steroid injection, percutaneous nerve root injections, two-year gym membership for aquatic and land exercises, medical clearance, and follow up in six to eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, 2 years, lumbar spine:** 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 pain gym memberships.

**Decision rationale:** This injured worker receives treatment for chronic low back pain with radiation to the lower extremities. The patient had a work-related injury on 04/11/2014. The Official Disability Guidelines do not recommend gym memberships of any kind to treat chronic musculoskeletal pain disorders. Exercising at a gym, swimming club, or aerobic studio is not considered medical treatment and therefore is not covered under the Official Disability Guidelines. There would not be a prescribed medical treatment plan that would be carried out by a licensed clinician at such a facility, nor there any objective clinical feedback to a physician from such a facility. There was a lack of documentation of exceptional factors to support an exception to the treatment guideline recommendations. Covering a gym membership for 2 years is not medically indicated.