

<b>Case Number:</b>	CM14-0072662		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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, Indiana, New York  
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 67-year-old male, who sustained an industrial injury on November 21, 2008. The injured worker has been treated for neck and low back complaints. The diagnoses have included multilevel cervical, thoracic and lumbar degenerative disc disease, lumbar disc displacement, cervical intervertebral disc degeneration, low back pain, lumbar radiculitis, regional myofascial pain and depressive disorder. Treatment to date has included medications, radiological studies, acupuncture treatment, electrodiagnostic studies, physical therapy and lumbar epidural steroid injections. Current documentation dated May 5, 2014 notes that the injured worker reported bilateral neck pain with radiation to the bilateral upper extremities. The pain was rated a seven out of ten on the visual analogue scale. Associated symptoms included weakness and numbness of both upper extremities. Physical examination revealed the injured worker to be depressed. Cervical spine examination revealed tenderness and a diminished sensation to pinprick of the cervical seven distribution on both sides. Examination of the lumbar spine revealed tenderness to palpation and a positive straight leg raise test on the right side. The treating physician's plan of care included a request for a medical fitness referral and a gym membership for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medical Fitness Referral:** 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) Pain section, Gym membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, medical fitness referral is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals; area 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are low back pain; displacement lumbar intervertebral disc without myelopathy; degeneration lumbar intervertebral disc; lumbosacral radiculitis; depressive disorder; degeneration cervical intervertebral disc; and ankle pain. According to the progress note dated May 5, 2014, the injured worker has neck pain and bilateral upper extremity pain for the VAS pain scale of 7/10. The treating provider requested a laminectomy that was authorized. The laminectomy was then changed to a fusion and the request was denied. The injured worker was enrolled in a functional restoration program aftercare. The worker became depressed when the surgery was denied and stopped attending the functional restoration program. There is no documentation of a request or clinical rationale for a medical fitness referral for the gym membership. Gym memberships are not generally considered medical treatment and are not covered under the guidelines. Consequently, absent clinical documentation with a clinical indication and rationale for a medical fitness referral, medical fitness referral is not medically necessary.

### **Gym Membership (6-months):** 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-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) Pain section, Gym membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, 6 months participation in a gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to

be monitored and administered by medical professionals; area 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are low back pain; displacement lumbar intervertebral disc without myelopathy; degeneration lumbar intervertebral disc; lumbosacral radiculitis; depressive disorder; degeneration cervical intervertebral disc; and ankle pain. According to the progress note dated May 5, 2014, the injured worker has neck pain and bilateral upper extremity pain for the VAS pain scale of 7/10. The treating provider requested a laminectomy that was authorized. The laminectomy was then changed to a fusion and the request was denied. The injured worker was enrolled in a functional restoration program aftercare. The worker became depressed when the surgery was denied and stopped attending the functional restoration program. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for a gym membership, 6 months participation in a gym membership is not medically necessary.