

<b>Case Number:</b>	CM15-0112132		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/17/1998
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, 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 was a 56 year old female, who sustained an industrial injury, June 17, 1998. The injured worker previously received the following treatments Prozac, Abilify, cognitive behavioral therapy sessions, Hispanic pain management group therapy, pain management group therapy sessions, Naproxen, Norco, Remeron and lumbar spine MRI. The injured worker was diagnosed with chronic low back pain, myofascial pain syndrome, lumbar spondylosis, occupational neuralgia, sacroiliac pain, lumbar radiculopathy, major depression and chronic pain syndrome. According to progress note of April 20, 2015, the injured worker was being seen for anxiety and depression, which was under good control, especially after adding Mirtazapine at night for insomnia and depression. The physical exam noted the injured worker was appropriately groomed. The injured worker was oriented to person, place and situation. The injured worker's memory was grossly intact to immediate recall, recent and remote events. The injured worker had no flight of ideas, hallucinations or delusions. According to the progress note of June 9, 2014, the injured worker benefitted from the self-directed exercise at [REDACTED]. The treatment plan included one-year gym membership [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Gym memberships.

**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, one-year 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 myofascial pain syndrome; lumbar spondylosis; occipital neuralgia; sacroiliac pain; and lumbar radiculopathy. The injured worker has been engaged in an aquatic therapy program. The treating provider is seeking a one-year gym membership for continued aquatic therapy. Gym memberships would not generally be considered medical treatment and are not covered under the guidelines. Consequently, absent guideline recommendations for gym memberships, a one-year gym membership is not medically necessary.