

<b>Case Number:</b>	CM15-0123829		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 30-year-old male who sustained an industrial injury on 09/15/2010. Diagnoses include chronic pain syndrome; status post (s/p) T12-L1 posterior fusion; s/p hardware removal; failed surgery; lumbar degenerative disc disease; and major depression. An MRI of the lumbar spine in 4/2015 showed mild L4-5 and L5-S1 facet arthropathy and MRI of the thoracic spine showed evidence of the T12-L1 decompression and fusion, with mild disc bulging and endplate spurring, resulting in minimal central canal stenosis. Treatment to date has included medication, spinal fusion/removal of hardware, physical therapy (PT), cognitive behavioral therapy, functional restoration program and home exercise program. He did not feel PT was helping. According to the progress notes dated 6/5/15, the IW reported constant, sore, deep, burning back pain rated 7/10 and averaging 8/10 to 8.5/10. He tried to do some yard work, which increased his pain and muscle spasms. He also reported stiffness in his low back muscles, making it difficult to straighten his low back when changing positions from sitting to standing or lying down to sitting. He did not feel the fusion or the hardware removal surgery was helpful. He denied suicidal ideations or intents, but admitted to thoughts of killing himself; he stated he would not do this out of consideration for his mother. He was taking Norco three tablets per day with 30% pain reduction and no side effects. On examination, he leaned forward when walking and his sitting posture was poor. Deep tendon reflexes were symmetric and 2+ in all extremities. Lower extremity muscle strength was 5/5 bilaterally. A request was made for a gym membership to help strengthen the back muscles.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships  
([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPEC](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPEC)).

**Decision rationale:** According to MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." According to ODG guidelines, Gym memberships "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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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." The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for Treatment: Gym Membership is not medically necessary.