

<b>Case Number:</b>	CM15-0129919		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: North Carolina  
 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 1/29/07. The injured worker was diagnosed as having cervical and lumbar disc disease. Treatment to date has included an exercise program and medication. Physical examination findings on 5/12/15 included cervical, thoracic, and lumbar spine stiffness and spasms. Currently, the injured worker complains of thoracic and lumbar spine pain and stiffness. The treating physician requested authorization for a 12 month gym membership for the cervical, thoracic, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 month Gym Membership for Cervical, Thoracic, and 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) Treatment Index, 13th Edition (web), 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated when there is failure of a prescribed home exercise program or the need for specialized equipment. The membership and program must be under the direct supervision of a medical professional. The provided clinical documentation for review does not meet these criteria and the request is not medically necessary.