

<b>Case Number:</b>	CM15-0172083		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male, who sustained an industrial injury on January 8, 2009. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral discs and lumbar spine degenerative disc disease. The injured worker was noted to be retired. Current documentation dated August 12, 2015 notes that the injured worker reported that he was feeling better in regards to his low back pain. He noted an episode of discomfort a few weeks prior. Examination of the lumbar spine revealed no tenderness or spasms and a normal neurologic examination. Range of motion noted forward flexion to six inches finger to floor and extension to 15 degrees with low back pain. Lateral flexion right-left, 20-20 degrees. Documented treatment and evaluation to date has included medication, lumbar spine x-rays (2013), exercise and a diagnostic otolaryngology study. Current medications include Relafen 750 mg one tablet twice daily. The injured worker was attending the gym which was noted to be keeping him flexible, minimizing his low back problems. The treating physician's request for authorization dated August 12, 2015 included a request for a continued gym membership at [REDACTED] times two years. The Utilization Review documentation dated August 19, 2015 non-certified the request for the continued gym membership at [REDACTED] times two years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue gym membership at [REDACTED] x 2 years: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary - Gym memberships TriCare Guidelines - Gym membership.

**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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

**Decision rationale:** The claimant sustained a work injury in May 2007 and continues to be treated for low back pain. When seen, the previous visit had been six months before. Physical examination findings included decreased and painful lumbar spine range of motion without tenderness and with a normal neurological examination. Relafen was prescribed. Being requested is continued gym access for a two year period of time. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant's exercise program and frequency of use are not documented. He is being seen at a six month interval, and the request is for two years which is excessive. The requested continued gym membership is not medically necessary.