

<b>Case Number:</b>	CM15-0073229		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/03/1992
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, 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 75 year old male (██████████), who sustained a work related injury March 3, 1992, after picking up a garbage can containing books, resulting in a low back injury. Past history included hypertension, lumbago with spondylosis of the lumbar spine and lumbar radiculopathy. According to a treating physician's progress notes, dated February 5, 2015, the injured worker presented for follow-up of his chronic low back pain with good and bad days. He has a new complaint of mid back pain when he rolls over, stretches his back, and is performing his regular exercises at the gym. Assessment is documented as lumbago; spondylosis of lumbar region without myelopathy or radiculopathy; and facet arthropathy. Treatment plan included request for authorization for annual gym membership and deep tissue massage provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 1 year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

**Decision rationale:** CA MTUS does not address gym memberships. The ODG states that gym memberships are "not recommended as a medical treatment unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." In this case it is not clear that a home exercise program has been tried and failed. It is also not clear what specialized equipment is required that would be necessary to supplement a home exercise program. It is also unclear what specific exercises would be required and what form of medically supervised monitoring would be utilized. Therefore, the request is deemed not medically necessary or appropriate.