

<b>Case Number:</b>	CM14-0102718		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/01/1993
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old male who injured his lumbar spine on 07/01/93. He complained of low back pain and right lower extremity pain. Medications were not helpful. He was on Norco 10/325 mg b.i.d. He did find some benefit with Flexeril for spasm. He states that daily exercises including biking and swimming helps him and that he would like a gym membership to get more aerobic conditioning. Chiropractor care helped him to reduce pain. The pain was described as achy, sharp, and burning. The pain was worse with prolonged sitting. He rated his pain as 10/10 without medications and 9/10 with medications. On exam, his gait is antalgic. He has 5/5 strength. Slight sensation decreased in the right lateral leg. DTRs 2+. There was increased pain with flexion and extension. SLR was positive on the right. He has increased pain with prolonged walking, standing, bending, stooping, squatting and lifting. He was recommended to continue Flexeril and was prescribed Percocet and amitriptyline for sleep. The patient was diagnosed with chronic low back pain, lumbar degenerative disease, and lumbar radiculitis. The patient is on Trazodone, tramadol and gabapentin. He has never had an ESI. He had a lumbar MRI in the past; however, records of it are not available. The request for Gym Membership for 6 months was denied on 06/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Chapter.

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

**Decision rationale:** Per ODG guidelines, 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. 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 membership 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 for a Gym Membership for 6 months is not medically necessary and appropriate.