

<b>Case Number:</b>	CM13-0018952		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 39 year-old male. The patient's date of injury is 4/6/2006. The patient has been diagnosed with Lumbago, intermittent sciatica, neck pain, left sacroiliitis and chronic lumbar pain. The patient's treatments have included physical therapy, medications, and imaging studies. MRI's have been performed which show a disc protrusion, with encroachment on the L4 nerve root. The physical exam findings show pain in the back and leg, with intermittent weakness and numbness. There is limited range of motion in the spine due to pain. No upper extremities radiculopathy is noted. Lumbar spine is noted with normal lordosis. The clinical documents state that the patient continues with Aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE YEAR OF AQUATIC THERAPY AT THE [REDACTED] FOR THE NECK AND LOW BACK:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Pain, Gym Membership.

**Decision rationale:** According to the above-cited guidelines, The Official Disability Guidelines state in the low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals". The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. As these would be unsupervised gym sessions, there would be no way to document any improvement in the patient's condition. There is no rationale as to why this needs to be provided, as it is not medical care. At this time a gym membership is not considered a medical necessity for the patient.