

<b>Case Number:</b>	CM13-0043020		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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:

This is a 48-year-old male patient with a reported work-related injury 04/01/2003. The mechanism of injury was not provided. The patient has a history of chronic low back pain radiating down the right lower extremity and MRI findings were at L3 through S1 degenerative changes; L5-S1 bulge mild and without herniation or neural impingement. In 08/2006, EMG/NCS findings were mild abnormal in the right L5 distribution consistent with L5 nerve root injury in the past. 10/2006 MRI of the lumbar spine revealed L3 through S1 degenerative changes and L4, L5, L5-S1 mild disc bulges but no neural impingement. MRI of the spine, 12/2008 revealed L3-4 disc degeneration; disc protrusion, mild, central, superimposed on a minimal bulge; canal compromise, minimal; and reactive endplate changes; at L4-5, disc degeneration; disc protrusion, mild, broad, left paracentral; spinal canal stenosis, mild central; reactive endplate changes; and at L5-S1, disc degeneration; disc bulging, minimal; facet arthrosis, mild, bilateral; reactive endplate changes. MRI in 02/2010 as compared to the MRI of 12/2008 revealed at L3-4 disc bulge, diffuse mild slightly more prominent towards the right side with minimal narrowing of the inferior aspects of bilateral neural foramina; findings essentially unchanged since prior study except previously described tiny central disc protrusion which was not seen in the 02/2010 MRI. Also, at L4-5, disc bulge, mild, diffuse; disc protrusion, central, possibly shallow, slightly more prominent towards the left side. Essentially unchanged since prior study. At L5-S1, disc bulge, diffuse, very mild; degenerative changes, facet joint, mild and not causing significant central canal and neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX MONTH POOL MEMBERSHIP:** Upheld

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

**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, Gym memberships.

**Decision rationale:** The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state, "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 memberships 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 6 months of pool membership is non-certified. The Official Disability Guidelines do not recommend membership unless a documented home exercise program with periodic assessment and revision has not been effective and the clinical information submitted for review did not indicate that the patient had been instructed on a home exercise program. Furthermore, the clinical information does not indicate that the membership would be medically monitored and supervised as recommended by the Guidelines. As such, the request for six month pool membership is non-certified.