

<b>Case Number:</b>	CM14-0102359		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 10/16/12 date of injury. At the time (6/17/14) of request for authorization for Gym membership, QTY: 1 year and Water Aerobics, there is documentation of subjective (low back pain radiating to the left lower extremity) and objective (positive straight leg raise test, increased pain with lumbar flexion, and weakness of the bilateral lower extremities) findings, current diagnoses (lumbar strain and lumbar disc disease with radiculopathy), and treatment to date (lumbar injections, physical therapy, activity modification, and medications). In addition, medical report identifies a plan to continue home exercises and a request to start water aerobics. Regarding Gym membership, QTY: 1 year, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Regarding Water Aerobics, there is no documentation of a clinical condition where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, QTY: 1 year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and lumbar disc disease with radiculopathy. However, given documentation of a plan to continue home exercises, there is no documentation that a home exercise program with periodic assessment and revision has not been effective. In addition, there is no documentation of a need for equipment and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for Gym membership, QTY: 1 year is not medically necessary.

**Water Aerobics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of lumbar strain and lumbar disc disease with radiculopathy. In addition, there is documentation of a request to start water aerobic exercises. However, there is

no documentation of a clinical condition where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of the number of water aerobics sessions requested. In addition, there is no documentation of the number of treatments requested. Therefore, based on guidelines and a review of the evidence, the request for water aerobics is not medically necessary.