

<b>Case Number:</b>	CM14-0166868		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Illinois. 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 60-year-old female who reported an injury on 02/15/2012 due to a fall. She is diagnosed with lumbar disc displacement without myelopathy, spondylosis lumbosacral, and sprain/strain of the thoracic region. Her past treatments include medications, Functional Restoration Program, epidural steroid injections, and surgeries. Her diagnostic studies include an MRI of the lumbar spine, thoracic spine, and cervical spine. On 08/27/2014, the injured worker reported continued low back pain radiating down to her left lower extremity. Upon physical examination of her lumbar spine, she was noted to have decreased range of motion by 20% of flexion; full range of motion with extension and rotation bilaterally. Her current medications include buprenorphine 0.25 mg sublingual twice daily. The treatment plan included continued home exercise program, epidural steroid injection if she has another flareup, and a gym membership for 1 year with pool access in order to continue her rehabilitation. A Request for Authorization was submitted on 09/02/2014.

### 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 with pool access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 08/22/14) Gym memberships

**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 request for gym membership for 6 months with pool access is not medically necessary. The Official Disability Guidelines do not recommend a gym membership unless a home exercise program has been tried and ineffective and there is need for equipment. Additionally, the guidelines state that the treatment needs to be monitored and administered by medical professionals. The documentation does indicate a home exercise program; however, it does not state it is ineffective for the injured worker. Furthermore, there is no documentation indicating the injured worker would be supervised by medical professionals. In the absence of the documentation, the request does not support the evidence based guidelines. As such, the request is not medically necessary.