

<b>Case Number:</b>	CM14-0029559		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Medicine 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 50 year old female who sustained an injury to her low back on 05/30/03 while handling material. MRI of the lumbar spine dated 10/08/08 revealed a small central disc protrusion at L5-S1, slightly deviating the course of the descending left S1 nerve root, but not impinging it; small central L4-5 disc protrusion. Treatment to date has included medications and a lumbar support. The injured worker continued to complain of low back pain radiating into the left leg including posterolateral thigh/calf and into the dorsal aspect of the foot. Physical examination noted decreased range of motion, spasms in the paravertebral muscles, lumbar facet loading positive bilaterally, ankle jerk 1/4 bilaterally, patellar jerk 2/4, sensation decreased over L5 dermatomes on left side of lower extremities, and positive left straight leg raise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 MONTHS GYM MEMBERSHIP TO INCLUDE AQUATIC THERAPY: Upheld**

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

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

**Decision rationale:** The request for six months gym membership including aquatic therapy is not medically necessary. The ODG state that gym memberships are not recommended as 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. 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. In regards to aquatic therapy, there was no information provided that would indicate the amount of aquatic therapy the injured worker has completed to date or the response to any previous aquatic therapy treatment. The injured worker is over 11 years post date of injury. Given this, the request for six months gym membership including aquatic therapy is not indicated as medically necessary.