

<b>Case Number:</b>	CM15-0004883		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 42 year old man sustained an industrial injury on 6/15/2011 to his low back while experiencing a pulling or stretching sensation as he was lifting boxes of water. Current diagnoses include lumbar degenerative disc disease, lumbar facet syndrome, myofascial pain, axial back pain, and sacroiliac pain. Treatment has included oral medications, epidural steroid injection, facet joint injection, and stretching exercises. QME notes dated 11/5/2014 he had severe back pain and physical examination revealed tenderness to the lumbar spine in all areas, significantly reduced range of motion, and resistance to activities due to pain, positive SLR and weakness in leg and 3/5 strength. The worker is unable to work as he is very limited with movements due to pain. The medication list include Percocet, gabapentin, Colace and Duexis. The patient has had EMG/NCV of the UE with normal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year pool and gym membership for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Low Back (updated 03/03/15) Gym memberships Aquatic therapy

**Decision rationale:** Request: 1 year pool and gym membership for the lumbar spine. ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for 1 year pool and gym membership for the lumbar spine was not specified in the records provided. Any evidence of the contradiction to land base therapy was not specified in the records provided. Any evidence of extreme obesity (that would require aquatic or pool therapy) was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for 1 year pool and gym membership for the lumbar spine is not fully established in this patient.