

<b>Case Number:</b>	CM15-0145862		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 08-03-2006. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included low back pain; lumbar sprain-strain; lumbar degenerative disc disease; lumbar spondylosis with herniated L4-5 and L5-S1 discs; lumbar radiculopathy; thoracic spine pain; thoracic spine degenerative disc disease; cervical spondylosis and stenosis; and right brachial plexus Schwannoma, status post resection in January 2007 and external beam radiation in 2009. Treatment to date has included medications, diagnostics, rest, ice, physical therapy, home exercise program, and surgical intervention. Medications have included Gabapentin, Meloxicam, Cyclobenzaprine, and Pantoprazole. A progress note from the treating physician, dated 07-07-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; he was supposed to get injections in mid-June, on hold for now; spasms in the low back today; complaints of neuropathy to buttocks and hamstrings bilaterally; and pain is rated at 4 out of 10 on the pain scale. Objective findings included in no acute distress; seven-degree dextroscoliosis with heavy spondylosis; and scar tissue mass at right subclavian region. The treatment plan has included the request for pool membership (visits) quantity: 168.00 (3 times-56 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool membership (visits) QTY: 168.00 (3 times/56 weeks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th edition (web), Gym Membership.

**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 (Lumbar & Thoracic) Chapter, under Gym memberships.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Pool membership (visits) qty: 168.00 (3 times/56 weeks). The RFA is dated 07/07/15. Treatment to date has included medications, medial branch blocks, diagnostics, rest, ice, physical therapy, home exercise program, and surgical intervention. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships states: "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." ODG further states treatment must be monitored by medical professionals. According to progress report 07/07/15, the patient is having lower back pain. Physical examination revealed "no localizing findings except complaints of neuropathy to buttocks and hamstrings b/l." Under treatment plan, it states "cont. auth for physical therapy to maintain posture, back pain." Accompanying this progress report is a RFA also dated 07/07/15, which states "pool membership 3 times/56 weeks." ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. In this case, the treater does not discuss why the patient requires a pool for exercises. There are no diagnoses of obesity or any other physical condition that is preventing the patient from participating in land-based exercises. In addition, there is no indication that the exercise regimen will be supervised by a medical professional, as required by ODG. Therefore, the request is not medically necessary.