

<b>Case Number:</b>	CM15-0182493		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Emergency Medicine

### 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 a cumulative industrial injury on 09-19-2013. The injured worker was diagnosed with cervical and lumbar strain, right sciatica and myofascial pain syndrome. According to the treating physician's progress report on September 2, 2015, the injured worker reported no significant overall change other than increased spasm in the neck and lower back with only occasional numbness and tingling in the lower extremities with the use of Gabapentin and rated at 5 out of 10 on the pain scale with medications and 10 without medications. The prior visit of August 5, 2015 noted her pain was somewhat improved and rated at 4 out of 10 with medications on the pain scale. The progress reports on September 2, 2015 documented a non-antalgic gait and a slight forward head carry with moderate spasm and tenderness to palpation at the paracervical, greater occiput and supraclavicular area on the right side only. Spurling's was positive. Deep tendon reflexes at the biceps were 2 plus bilaterally, right triceps was 1 plus and absent on the left. Resisted strength was 4 out of 5 with shoulder elevation. Resisted upper extremity motor strength in all other major muscle groups was documented as within normal limits. Cervical range of motion was decreased with right trapezius pain on bilateral rotation and bending. Examination of the lumbar spine demonstrated moderate paravertebral muscle spasm and tenderness to palpation at the bilateral L4-5 paravertebral and gluteal muscles. There was mild to moderate tenderness to palpation at the right greater than left sacral borders and sacroiliac joint. The sciatic notch was tender with radiation to the lower muscle groups of the lower extremities. Reflexes were 2 plus at the patella bilaterally. Seated straight leg raise was negative bilaterally at 70 degrees and distal pulses were intact. Sensation

was subjectively decreased to light stroke on the right versus the left at L5-S1. Range of motion was decreased with ipsilateral pain with right lateral bending and lumbar pain with flexion and extension. Prior treatments included diagnostic testing, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, cold pack, foam roller, cane and medications. Current medications were listed as Hydrocodone 10mg-325mg, Nabumetone, Gabapentin, Orphenadrine, Acetaminophen and Lidoderm patches. Treatment plan consists of continuing medication regimen and the current request for gym membership with an aquatic facility. On 09/09/2015, the Utilization Review determined the request for gym membership with aquatic facility for six months was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gym membership for six months with aquatic facility: 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** The requested Gym membership for six months with aquatic facility is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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." The injured worker has mild to moderate tenderness to palpation at the right greater than left sacral borders and sacroiliac joint. The sciatic notch was tender with radiation to the lower muscle groups of the lower extremities. Reflexes were 2 plus at the patella bilaterally. Seated straight leg raise was negative bilaterally at 70 degrees and distal pulses were intact. Sensation was subjectively

decreased to light stroke on the right versus the left at L5-S1. Range of motion was decreased with ipsilateral pain with right lateral bending and lumbar pain with flexion and extension. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, Gym membership for six months with aquatic facility is not medically necessary.