

<b>Case Number:</b>	CM15-0194835		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/01/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on 1-1-2000. The medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar radiculopathy, and degenerative disc disease of the lumbar spine. According to the progress report dated 8-28-2015, the injured worker presented with complaints of low back pain with radiation down his bilateral lower extremities, associated with numbness, tingling, and weakness. On a subjective pain scale, he rates his pain 7 out of 10 with medications. The physical examination of the lumbar spine reveals restricted and painful range of motion, decreased motor strength (4 out of 5) in the bilateral extensor hallucis longus, and diminished sensation to light touch in the bilateral L5 and S1 dermatomes. The current medications are Embeda, Norco, and Colace. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, physical therapy, and home exercise program. Work status is described as permanent and stationary. The original utilization review (9-9-2015) had non-certified a request for gym membership with pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership with Pool:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**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 (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a cumulative trauma work injury in January 2000 due to repetitive heavy lifting and twisting while working as an aircraft inspector. He has chronic back pain with spondylolisthesis. He had six sessions of physical therapy completed in December 2014 with mild pain relief. In June 2015 a continued home exercise program was encouraged. When seen, he reported that physical activity had helped with mobility, strength, and in reducing pain. He was requesting a gym membership. He had ongoing complaints of low back pain. Physical examination findings included a slow gait. There was decreased and painful lumbar spine range of motion with negative straight leg raising. There was decreased lower extremity strength and sensation. There was a decreased left knee reflex. He had bilateral lower extremity pitting edema and there was psoriasis affecting the arms, trunk, and legs. His body mass index is over 52. Authorization is being requested for a gym membership with pool access. A 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. A six-visit trial of aquatic therapy with demonstrated benefit would be needed before consideration of providing a limited duration membership on a trial basis. The requested gym membership is not medically necessary.