

<b>Case Number:</b>	CM15-0200222		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/07/1998
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 38 year old male who sustained an industrial injury on 08-07-1998. According to a progress report dated 09-29-2015, the injured worker presented with mid and low back pain with partial transection of cord at L1. BPI severity score was 4. BPI interference score was 5. Pain was mainly located at the levels above his fusion at T9 and 10. Pain interfered with activity and sleep. He continued to average 5 hours of sleep a night and 2-3 hours dozing or light sleep in the reclining chair during the day. He was up for renewal of annual gym membership. Attendance was 2-3 times a week. Medications included Neurontin, Baclofen, Ditropan, Oxycodone, Cialis, Valium, Pyridium, Senokot Surbex B and multivitamins. He was experiencing numbness and tingling from both legs from the sacroiliac joint down, left greater than right. The provider noted that functional status included pool therapy and access to a hot tub and steam at the gym 2-3 days a week, which greatly reduced the need for opioid pain medication and improved sleep. The injured worker continued with sequelae of spinal cord injury which included neurogenic bladder and bowels, chronic muscle spasticity, muscle fatigue and weakness, clonus to the lower extremities with walking (or other activity) greater than 30-40 minutes and chronic low back pain. Assessment included lumbar spine injury with cord compression L1 with permanent neuropathic sensory and motor deficits and chronic pain secondary to work trauma. The treatment plan included Neurontin, Baclofen, Ditropan, Oxycodone, Valium, Pyridium, Senokot S, Lactulose, Surbex B and renewal of annual gym membership. The provider noted that gym membership was paramount to the injured worker's

overall function and pain treatment. On 10-06-2015, Utilization Review non-certified the request for 1 year gym membership.

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

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

#### **1 year gym membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back: Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

**Decision rationale:** The 38 year old patient presents with mid and lower back pain along with partial transection of cord at L1, as per progress report dated 09/29/15. The request is for 1 year gym membership. The RFA for this case is dated 09/30/15, and the patient's date of injury is 08/07/98. The pain is rated at 3-7/10, as per progress report dated 09/29/15. Diagnoses included lumbar spine injury with cord compression and permanent neuropathic sensory and motor deficits, and chronic pain secondary to work trauma. Medications included Neurontin, Baclofen, Oxycodone, Ditropan, Cialis Valium, Pyridium, Senokot S, Surbex B, and multivitamins. The patient is status post thoracolumbar fusion, as per progress report dated 06/23/15. Diagnoses, as per this report, also included neurogenic bladder and bowel, psychosocial issues, h/o spasticity, and conus medullaris. The patient is 100% disabled, as per progress report dated 09/29/15. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines Lower back: Thoracic & Lumbar (acute & chronic) chapter under Gym memberships states: "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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." As per progress report dated 09/29/15, the patient is requesting renewal of his annual gym membership. The treater states the patient goes to "gym 2-3 days a week for pool therapy and access to hot tub, which greatly reduces need for opioid pain medication and improves sleep." In the same report, the treater also states, "this modality is paramount to his overall function and pain treatment." In progress report dated 03/19/15, the treater mentions that the patient uses "Valium cream and steam at gym and this helps." In prior report dated 02/26/15, the treater states, "he is back to the gym and finds the hot tub helpful to relax spasms." In last year's report dated 07/31/14, the treater reiterates that the gym has all the amenities that the patient needs, and he uses it "for water therapy." While the patient appears to benefit significantly from water therapy at the gym, the treater has not discussed why the patient is unable to benefit from home exercises. Additionally, there is no indication that the sessions at the gym are being monitored by a medical professional as required by ODG. Hence, the request is not medically necessary.

