

<b>Case Number:</b>	CM15-0208650		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/11/1979
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 76 year old male, who sustained an industrial injury on 09-11-1979. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for lumbosacral sprain-strain, lumbosacral radiculopathy, and late effect lumbosacral sprain-strain. Treatment and diagnostics to date has included chiropractic treatment, physiotherapy, use of back brace, and medications. Subjective data (09-01-2015), included lower back pain rated 9 out of 10 on 06-02-2015 and 7 out of 10 on 09-01-2015 on the visual analog scale. Objective findings (09-01-2015) included decreased lumbar range of motion with palpatory tenderness noted at T3-8 and L2-L5 and positive Kemp's and straight leg raise test. The treating physician noted that "by working out at the [REDACTED], using their hot tub, performing therapeutic home exercises, and having periodic chiropractic treatment, the patient has been able to control his symptoms without the need for additional pain medication or other medical interventions". The request for authorization dated 09-05-2015 requested [REDACTED] membership x 1 year. The Utilization Review with a decision date of 10-12-2015 non-certified the request for 1 year [REDACTED] membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year [REDACTED] 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 Lumbar and Thoracic (Acute and Chronic)/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) Low Back Chapter, under Gym Memberships.

**Decision rationale:** Based on the 9/1/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10 on VAS scale. The treater has asked for 1 YEAR [REDACTED] MEMBERSHIP on 9/1/15. The request for authorization was not included in provided reports. The patient states that he has back pain 51-75% of the time, which interferes with activities of daily living on a level of 8/10 on VAS scale per 9/1/15 report. With the aid of working out at the gym, doing a home exercise program, and periodic chiropractic treatment, he patient has been able to control symptoms without pain medications per 9/1/15 report. The patient is s/p flare-up of low back pain when he twisted his ankle while walking in the park per 6/9/15 report. There was no evidence of prior lumbar surgery per review of reports. The patient's work status is not included in the provided documentation. ODG-TWC, Low Back 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. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The treater is requesting a year-long extension of the patient's [REDACTED] membership "as his workout there has prevented the worsening of his lower back symptoms, and the need for other forms of medical intervention such as additional pain medication, cortisone injections, [or] surgery" per 9/1/15 report. While the treater may feel as though this is an appropriate treatment plan, ODG guidelines do not support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Therefore, the request IS NOT medically necessary.