

<b>Case Number:</b>	CM15-0057239		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on 3/06/2006. Diagnoses include status post lumbar spine fusion delayed union. Treatment to date has included surgical intervention, diagnostics, medications, bracing and aqua therapy. Per the handwritten Primary Treating Physician's Progress Report dated 3/18/2015, the injured worker reported middle back spasms rated as 8/10 and lower back pain rated as 10/10 with radiation from the middle back to the tail bone. Physical examination revealed tenderness of the lumbar spine and bilateral sacroiliac joints. There was positive sciatic tension in sitting and supine right greater than left. There was diminished sensation in the right leg and a normal gait. The plan of care included one month rental of H wave unit and continuation of medications. Authorization was requested for a gym membership to use the pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP TO USE THE POOL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47 of 127. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic, updated 04/29/15), Gym memberships.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend exercise, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." MTUS is silent concerning gym memberships. ODG 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise." Failure of a previous self-directed home exercise program is not documented. Medical supervision of the proposed gym-based exercise program is not documented. In addition, current request does not specify duration. Based upon the submitted clinical documentation and evidence-based treatment guidelines, medical necessity is not established for this request.