

<b>Case Number:</b>	CM15-0082787		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/18/1996
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 61 year old female, who sustained an industrial/work injury on 5/18/96. She reported initial complaints of back pain while lifting boxes at work. The injured worker was diagnosed as having myofascial pain syndrome, lumbar radiculopathy, and lumbar spondylosis. Treatment to date has included medication, aquatic therapy, acupuncture, physical therapy, and home exercises. Currently, the injured worker complains of low back pain with radiation to left buttock and leg. There was difficulty with sleeping at night. Per the primary physician's progress report (PR-2) on 4/10/15, Celebrex was moderately helpful with pain. Pain level was 3/10. Physical examination revealed tenderness of the lumbar paraspinals over the bilateral sciatic notches, left greater than right, distribution of pain along the L5 dermatome of the left lower extremity, positive straight leg raise on the left at 90 degrees in a seated position. Current plan of care included continued use of Celebrex and start of Gabapentin for radicular pain. The requested treatments include gym membership, for symptoms related to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, 1 year for symptoms related to the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute; [www.odg-twc.com](http://www.odg-twc.com), Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

**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, gym memberships.

**Decision rationale:** The patient presents with low back and buttocks pain radiating to lower extremity rated 3/10. The request is for gym membership, 1 year for symptoms related to the lumbar spine. The request for authorization is dated 04/16/15. Patient reports being stable on the current medication and exercise regimen. The pain is fairly well controlled. The patient would like to hold off on an epidural steroid injection and has had physical therapy in the past with only mild reduction of her symptoms. The patient will continue the exercises that she learned in physical therapy. The patient reports that medications take the edge off pain, improve activities of daily living, and are tolerated without significant adverse effects. Patient's medications include Celebrex and Gabapentin. Per progress report dated 02/17/15, the patient is permanent and stationary. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "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." Per progress report dated 04/10/15, treater's reason for the request is "aquatherapy has been helpful in the past, I am requesting a repeat one-year membership at the Watsonville YMCA, which has a pool." However, there are no details nor discussion about the need for the use of specialized equipment such as a pool, and the medical necessity for a pool is not established. There are no indications as to why the patient cannot participate in traditional weight-bearing exercises and how aquatic therapy will benefit her. Furthermore, there are no plans for medical supervision at the gym. MTUS does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.