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| <b>Case Number:</b>   | CM14-0145073 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 12/08/1997 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old female with a reported date of injury of 12/08/1997. The mechanism of injury was a fall. The diagnoses included lumbar radiculopathy. The past treatments included pain medication. There was no diagnostic imaging provided for review. There was no surgical history noted in the records. The subjective complaints on 08/12/2014 included low back pain. The physical exam findings noted awake, alert, and oriented times 3 and no bladder or bowel problems. The injured worker's medications included Lyrica, Baclofen, Ativan, Elavil, Effexor, and Zohydro. The treatment plan was to continue and refill medications as well as include a year round pool gym membership. The request was received for 1 year round gym membership with a pool. The rationale for the request was not provided. The Request for Authorization form was not submitted with the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Year round Gym Membership with pool: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, Gym memberships

**Decision rationale:** The request for 1 Year round Gym Membership with pool is not medically necessary. The Official Disability Guidelines state that gym memberships, health clubs, swimming pools, and athletic clubs are not recommended unless documentation shows that a formal home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also specify that, while exercise is encouraged, treatment needs to be monitored and administered by medical professionals as unsupervised programs may lead to risk of further injury. The patient has chronic low back pain. There is a lack of documentation regarding a formal home exercise program that is monitored and administered by a medical professional. In the absence of this information the request is not supported by the guidelines. As such, the request is not medically necessary.