

<b>Case Number:</b>	CM14-0162147		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/23/1998
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53 year old with an injury date on 9/23/98. Patient complains of continuing lumbar pain that fluctuates, with no clear radicular pain at this time per 9/4/14 report. Patient said she tries to do basic walking and stretching, and her current medication includes Tramadol, Voltaren and occasional Soma (which are "moderately helpful" in cases of flare-ups) per 9/4/14 report. Based on the 9/4/14 progress report provided by [REDACTED] the diagnosis is lumbar spondylosis. Exam on 9/4/14 showed "L-spine range of motion shows moderate limitation of flexion. Straight leg raise positive bilaterally. Reflexes although hypoactive, are presents." [REDACTED] is requesting [REDACTED] membership (months) Qty: 12. The utilization review determination being challenged is dated 9/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/28/14 to 9/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Membership (months) Quantity: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back-Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: lumbar chapter, for Gym memberships

**Decision rationale:** This patient presents with back pain. The treater has asked for [REDACTED] membership (months) Qty: 12 on 9/4/14 "as she benefits from an exercise program through the [REDACTED]." Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation that patient has failed an exercise program at home. The treater does not specify the type of exercise program in the request, or if it needs any specialized equipment. The requested [REDACTED] membership (months) Qty: 12 is not medically necessary at this time.