

<b>Case Number:</b>	CM15-0095182		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, New York, California  
 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 applicant is a represented 29-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of February 24, 2009. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for a hospital-based gym membership x 3 months and 24 sessions of aquatic therapy. The claims administrator referenced a progress note of April 8, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back pain. The treating provider suggested that he had asked the applicant to refrain from returning to her former occupation as a hemodialysis technician following completion of a functional restoration program. It was suggested that the applicant was attending school on a half-time basis. It was stated that the applicant's low back pain complaints were making it difficult for her to attend school and/or re-train for another occupation. The applicant had issues with depression and sleep disturbance superimposed on issues with chronic low back pain. The attending provider sought authorization for a special desk for the applicant. Aquatic therapy, physical therapy, and a hospital-based gym membership were sought, along with a TENS unit. The applicant did exhibit a "normal," non-antalgic gait, it was reported. The applicant's height, weight, and BMI were not reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital-based gym membership x3 months (low back): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

**Decision rationale:** No, the request for a hospital-based gym membership x 3 months for the low back was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership in question, thus, per both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines, is an article of applicant responsibility as opposed to an article of payer responsibility. ODG's Low Back Chapter Gym Memberships topic also notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, however, the attending provider did not clearly state what sort of specialized equipment the applicant needed access to (if any). It was not stated why, how, and/or if a home exercise program had proven ineffectual here. Therefore, the request was not medically necessary.

**Aquatic therapy (low back) 2 sessions per week for 3 months/ 24 sessions total (2x/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** Similarly, the request for 24 sessions of aquatic therapy for the low back was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it did not appear that reduced weight bearing was, in fact, desirable. The applicant exhibited a "normal," non-antalgic gait as of the office visit of May 6, 2015 on which the aquatic therapy in question was proposed. Therefore, the request was not medically necessary.

