

Case Number:	CM13-0026367		
Date Assigned:	12/27/2013	Date of Injury:	05/30/1995
Decision Date:	02/20/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 58 year old male who reported an injury on 05/30/1995. The mechanism of injury was a fall. Review of the medical records reports that the patient had a history of laminectomy times 2, one on 11/19/1978 and another in 05/1995. On 05/13/2010, the patient underwent fusion at L3-4 and L4-5. Per the most recent clinical note dated 11/15/2013, the patient continued to complain of low back pain, with bilateral sciatica, worse on the left side than the right. Subjective findings include the patient is continuously troubled by chronic low back pain with radiation into both legs, the left worse than the right. He has been managed in the past with aquatic therapy, epidural steroid injections, medication management, and surgeries. Physical examination of the lumbar spine revealed the lumbar spine is tender diffusely with mild spasm. Forward flexion brings fingertips to the level of the distal mid tibia. He extends 10 degrees, tilts to the right, and the left at 15 degrees and reports lower back pain at each limit. Neurological assessment revealed straight leg raise produced lower back pain more so on the left than the right, but no sciatica. The patient had hypoesthesia to pinprick and light touch in the L5 and S1 distribution, left lower leg, to a lesser degree to the right lower extremity. Muscle strength is noted at 5/5 in all motor groups, and both lower extremities. The knee and ankle reflexes were 1+ and symmetric. The patient's diagnoses include lumbago and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months Membership at the Wellness Center for Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships

Decision rationale: Although California MTUS does recommend aquatic therapy, there is no clinical documentation provided in the medical records suggestive as to why the patient could not benefit from a regular land based physical therapy, and also, Official Disability Guidelines do not recommend gym memberships, swimming pools, or health clubs as requested by the patient. Therefore, the request for 6 months membership at the wellness center for aquatic therapy is not medically necessary and the request is non-certified.