

Case Number:	CM13-0028999		
Date Assigned:	11/27/2013	Date of Injury:	10/25/2008
Decision Date:	07/29/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/24/2013

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, 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:

This 50 year-old patient sustained an injury on 10/25/08 while employed by [REDACTED]. The request under consideration include a three months gym membership with pool for the lumbar spine. Diagnoses include Lumbosacral sprain/strain/spondylosis without myelopathy; sciatica; neck sprain/strain. EMG performed on 6/7/10 showed right L5-S1 radiculopathy. The patient was deemed permanent and stationary on 5/2/13 by the provider with chronic pain unchanged from AME evaluation of 2/10/09. Future medical provision per the provider included medications of narcotics, anti-inflammatories, muscle relaxants, aquatic therapy, and possible epidural injections. Report of 5/2/13 from the provider noted the patient with ongoing symptom complaints. An exam showed normal gait; normal posture; no limp; adequate thoracolumbar spine range of motion with flex/ext of 70/25 degrees; some right paraspinal muscle spasms; negative femoral stretch test; and normal DTRs and sensation in the lower extremities. The request for a three months gym membership with pool for the lumbar spine was not medically necessary on 8/12/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) months gym membership with pool for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships, page 225.

Decision rationale: This 50 year-old patient sustained an injury on 10/25/08 while employed by [REDACTED]. Request under consideration include three months gym membership with pool for the lumbar spine. Diagnoses include Lumbosacral sprain/strain/spondylosis without myelopathy; sciatica; neck sprain/strain. MRI of the cervical spine dated 2/6/09 showed mild multi-level degenerative disc disease without significant canal or neural foraminal stenosis. MRI of the lumbar spine dated 2/6/09 showed mild facet hypertrophy at L4-5; otherwise, no disc protrusions and no foraminal or central canal narrowing under impression. EMG performed on 6/7/10 showed right L5-S1 radiculopathy. The patient was deemed permanent and stationary on 5/2/13 by the provider with chronic pain unchanged from AME evaluation of 2/10/09. Future medical provision per the provider included medications of narcotics, anti-inflammatories, muscle relaxants, aquatic therapy, and possible epidural injections. Report of 5/2/13 from the provider noted the patient with ongoing symptom complaints. Exam showed normal gait; normal posture; no limp; adequate thoracolumbar spine range of motion with flex/ext of 70/25 degrees; some right paraspinal muscle spasms; negative femoral stretch test/negative SLR; motor strength normal; and normal DTRs and sensation in the lower extremities. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of physical therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries or neurological deficits that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The three month gym membership with pool for the lumbar spine is not medically necessary and appropriate.