

Case Number:	CM13-0047274		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2010
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 51 YO female with date of injury 01/29/10. The listed diagnoses per [REDACTED] dated 10/18/13 are: 1. Spondylosis, lumbar 2. Facet arthropathy, lumbar 3. Chronic pain syndrome 4. Depression 5. R/O lumbar discogenic spine pain According to progress report dated 10/18/13 by [REDACTED] the patient presents with low back pain. A spinal cord stimulator has been implanted permanently, but date of surgery was not made available. She is trying to cut back on her Dilaudid and is continuing to strengthen herself. Her pain level on a good day is 5-6/10 and 7-8/10 on bad days. She reports that sitting, standing, walking and activity aggravates her pain. Medications, cold, rest, lying down helps alleviate the pain. Physical examination shows mild tenderness over the lower lumbar area more on the right side. Range of motion is limited due to pain. Straight leg raise is negative bilaterally. Strength in the upper and lower extremities is normal. Posture and gait are normal. There is no paraspinal muscle spasm. The request is for a 6 month gym membership and aquatic therapy for 24 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with aqua therapy for 6 months, 1 x week for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a gym membership for 6 months. MTUS guidelines recommend exercise, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG guidelines for the lumbar spine do not recommend gym memberships as medical treatment. They are not recommended as a prescription "unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals." Progress report 11/22/13 by [REDACTED], notes the patient is continuing with her home exercise program and medication routine. She seems to be able to perform her HEP without the need for special equipment. The gym membership does not appear to be in accordance with ODG guidelines, and exercise specific for a gym do not appear to be necessary over home exercises. Recommendation is for denial. This patient presents with chronic low back pain. The treater is requesting 24 additional weeks of aquatic therapy. MTUS recommends aquatic therapy as an option for land-based PT in patient that could benefit from decreased weight-bearing. MTUS Physical Medicine section states that 8-10 sessions of PT are indicated for various Myalgias and neuralgias. Physical therapy report dated 11/04/13, show the patient received 12 aquatic therapy sessions recently. Progress report by [REDACTED] dated 11/22/13, show that the patient has been doing land-based exercises, stretching and moist heat therapy. In this case, the patient has the ability to perform land-based exercises without problems. She should now be well-versed in exercise regimens to continue a self-directed home exercise program. Recommendation is for denial.