MAXIMUS Federal Services

Case Number:	CM13-0050177		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2001
Decision Date:	04/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 & 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 is a 43 year-old female with a 2/2/2001 industrial injury claim. She has been diagnosed with severe posttraumatic fibromyalgia with TMJ symptoms, paresthesia, headaches, gastritis, widespread nociceptive tenderness; post lumbar laminotomy pain syndrome, s/p L5/S1 AP fusion, s/p reexploration, hardware removal, chronic right radiculitis; right knee internal derangement, s/p arthroscopy x2; Right lower extremity complex regional pain syndrome (CRPS); narcotic dependency. According to the 9/27/13 pain management report, the patient returns following her first lumbar sympathetic block on 9/11/13 with 50% improvement. She is tearful, withdrawn in obvious discomfort. The plan was to do the 2nd sympathetic block, screen for an FRP; recommend gym membership with pool x 1 year; have hand rails provided in her house; and an orthopedic mattress. On 10/23/13 UR recommended denial of the 1-year gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR OF GYM MEMBERSHIP WITH POOL ACCESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The patient presents with chronic back pain/post laminectomy syndrome and lower extremity complex regional pain syndrome (CRPS). The request is for a gym membership and pool x 1 year. MTUS Chronic Pain Guidelines do support aquatic therapy as an option for patient with weight-bearing intolerance. MTUS Chronic Pain Guidelines state for the number of supervised visits, to see the physical medicine section. MTUS Chronic Pain Guidelines' physical medicine section recommends 8-10 sessions for myalgias and neuralgias and up to 24 sessions for CRPS. The ODG does not consider gym memberships as medical treatment. ODG also states the treatment needs to be monitored by medical professionals. The request for a 1-year gym membership without medical supervision is not in accordance with the MTUS or ODG. The request is therefore not medically necessary and appropriate.