

Case Number:	CM13-0057595		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2007
Decision Date:	03/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 38 year old male with date of injury 10/17/07. The mechanism of injury is described as bending over and hurting his back. He has complained of chronic back pain since the date of injury. He has had two lumbar spine surgeries to repair degenerative disc disease, the last in 09/2010. He has been treated with physical therapy, aquatic therapy, a walking program, orthotics and medications. Radiographs of the lumbar spine performed in 07/2012 revealed stable postoperative changes of the lumbar spine. Objective: antalgic gait, decreased range of motion of the lumbar spine. Diagnoses: lumbar myofascial pain. Treatment plan and request: gym and pool membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym and Pool Membership: 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 Physical Medicine Page(s): 98-99.

Decision rationale: This patient is a 38 year old male with chronic lower back pain since date of injury on 10/17/07. He has been treated with surgery, physical therapy, aquatic therapy, a

walking program, orthotics and medications. This patient has previously been treated with physical therapy sessions pre-operatively and post-operatively. There is inadequate documentation supporting why the patient cannot continue back rehabilitation on a home exercise program, which is recommended for chronic pain and dysfunction. There is also little reported benefit to date of prior improvement in function and pain with physical therapy. On the basis of the Chronic Pain Medical Treatment Guidelines and the patient's previous treatments, the request for a gym and pool membership is not indicated as medically necessary.