

Case Number:	CM14-0132616		
Date Assigned:	11/05/2014	Date of Injury:	01/23/2010
Decision Date:	12/11/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier lumbar fusion surgery; unspecified amounts of manipulative therapy; and epidural steroid injection therapy. In a Utilization Review Report dated August 14, 2014, the claims administrator approved plain films of the lumbar spine while denying MRI imaging of the cervical spine, MRI imaging of the thoracic spine, eighteen sessions of aquatic therapy, and a gym membership. The applicant's attorney subsequently appealed. In an IMR application dated August 19, 2014, the applicant and/or applicant's attorney stated that they were appealing a cervical MRI denial, thoracic MRI denial, aquatic therapy, and a gym membership. In a progress note dated August 5, 2014, the applicant reported ongoing complaints of low back pain status post multilevel lumbar fusion surgery performed on February 5, 2013 with resultant improvement in both low back and left lower extremity pain. The applicant stated Effexor had also been effective in reducing her pain. The applicant nevertheless reported ongoing complaints of low back pain radiating into the left leg, 5/10 and reportedly stated, somewhat incongruously, that the applicant was having persistent complaints of right-sided leg pain. The applicant had ancillary issues with reflux. The applicant did have depressive symptoms. Normal muscle strength and tone were noted about the lower extremities. Colace, Prilosec, Effexor, and morphine were renewed. A rather proscriptive 10-pound lifting limitation was also sought. The applicant was asked to try and employ Celebrex on the grounds that other medications had generated reflux. The applicant was described as exhibiting a normal gait with no abnormalities identified. In a handwritten note dated August 4, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low

back pain, neck pain, and mid back pain status post earlier lumbar fusion surgery. The note was handwritten, sparse, and very difficult to follow. Celebrex was endorsed, along with aquatic therapy, a gym membership, MRI imaging of the cervical spine, MRI imaging of the thoracic spine, and x-rays of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy sessions (lumbar) (3x/6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy topic. Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there is no mention of the applicant's having any significant gait abnormality or gait derangement which would make reduced weight bearing desirable. An earlier note of August 5, 2014, referenced above, suggested that the applicant did not have any gait derangement. It was not evident, thus, why aquatic therapy was being sought in favor of more conventional land-based therapy and/or land-based exercise. It is further noted that the 18-session course of treatment proposed, in and of itself, represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Gym membership x3 months (1x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Tricare Guidelines and Medicare with regards to gym membership

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

