

Case Number:	CM14-0155569		
Date Assigned:	09/25/2014	Date of Injury:	09/25/1992
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 internal 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 patient is a 69 year old male who suffered an injury to the back in 1992. He had an extensive work up with CT scans and MRI's done. Initially, he was treated with conservative measures but he failed to improve and in 1995 he had surgery and he had a decompression laminectomy at L5 and neural foraminotomy as well as fusion of L5-S1. An AME exam in 1996 noted that the patient had L5-S1 spondylolysis and s/p posterior fusion. Conservative treatment was recommended with meds, lumbar corset, PT, and home exercises. On 8/8/14 his M.D. noted spasm of the lumbar paraspinal muscles and stiffness of the lumbar spine as well as decrease in mobility. Dysesthesia was noted in the L5 dermatome and antalgic gait was demonstrated. The diagnoses were s/p L5-S1 fusion, lumbar facet pain, bilateral sacroilitis, lumbar pain, and myofascial pain. Treatment was with Norco and Lidocaine patches. The M.D. requested authorization for a 12 month gym membership so that the patient could do exercises in the pool in order to maintain flexibility and minimize pain. However, the UR committee refused to grant authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, #12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter; Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mediation Section Page(s): 22.

Decision rationale: The chronic pain section of the MTUS briefly addresses the subject of aquatic therapy. It states that it is an optional form of exercise and minimizes the effect of gravity on exercise and is recommended in extremely obese patients in order to reduce weight bearing. It was also shown to improve some components of health related quality of life, balance, and stair climbing in females with fibromyalgia but that regular exercise may be needed with higher intensity in order to maintain the improvement. In the above patient, the M.D. did not mention the weight of the patient and did not present obesity as a reason for the aquatic therapy. Also, the aquatic therapy was not to be monitored in a controlled environment and was to be done by the patient in an unstructured and unsupervised environment in the setting of a gym. Therefore, the UR committee was correct in its denial of this request.