

Case Number:	CM14-0167300		
Date Assigned:	10/14/2014	Date of Injury:	10/04/1999
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 injured worker (IW) is a 51-year-old man with a date of injury of October 4, 1999. The mechanism of injury is not documented in this medical record. Pursuant to the progress report dated September 14, 2014, the IW presented neck pain with occasional numbness to the upper extremities and lower back pain improved following lumbar epidural steroid injection. Physical examination revealed tenderness to the paravertebral musculature with diminished range of motion to the cervical and lumbar spine and diminished sensation to the upper extremity and lower extremities. The IW was diagnosed with failed low back pain surgery syndrome status post L4-L5 fusion with instrumentation, lumbar radiculopathy L5-S1 distribution with indication of degenerative disc disease, improved post-epidural, possible lumbar facet osteoarthritis, cervical radiculopathy with indication of degenerative disc disease C4-C5, possibly C5-C6, cervical sprain/strain, possible cervical facet osteoarthritis, depression-psychiatric disability, extensive medication regimen, and bipolar disorder. The IW is status-post lumbar epidural steroid injection dated September 9, 2014 with 70% reduction of pain and is currently utilizing opioid analgesics with self-titration of medications. A progress note dated October 9, 2014 indicated that the IW was being followed-up for cervical pain, lumbar pain, and hip pain. His pain score without medication is 6/10 and with medication is 6-8/10. The cervical pain runs down his arms. He has numbness and tingling on bilateral arms. His lumbar pain radiates to his bilateral legs. He has an epidural September 2014. He reports it helped 30%. Objective findings include: cervical spine tenderness and tightness in the posterior cervical area, over the bilateral trapezius, interscapular area with 30% restriction of range of motion in all planes. Positive Spurling's. There is lumbar spine tenderness and tightness across the lumbosacral area with 50% restriction of extension and flexion. Mild positive straight leg raise bilaterally. Positive left Patrick's. Internal and external rotation of the left hip is tender. There is normal range of motion in the shoulders, elbows, wrist

knees, and ankles. X-ray of the lumbar spine dated August 22, 2013 shows anterior spinal fusion at L4-5, retrolisthesis at L3-4, degenerative changes at L5-S1. Cervical x-ray dated August 27, 2013 showed degenerative changes at C4-5. Other studies were not available for this evaluation. Current medications include: MS Contin 45mg BID prn; Dilaudid 4mg BID, decreasing to QD; Baclofen 20mg BID prn spasms; Buspar 30mg BID, stopping medication; Zyprexa 50mg daily, and Depakote 500mg daily. The IW states that these medications are beneficial, and he is having no side effects. He reports that he is benefiting from his pain medication regimen, activity restrictions, and rest. These things help to keep his pain manageable and allow him to complete necessary activities of daily living. The IW has had success in utilizing conservative treatments including, heat, ice, and gentle stretching and exercise which can be tolerated without exacerbating pain. His current weight is 160 pounds, down from 280 pounds, and his height is 6' 2".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym membership at [REDACTED] for physical fitness and aqua therapy (1 year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic)

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 Pain; Gym Memberships

Decision rationale: Pursuant to the Official Disability Guidelines, a gym membership is not medically necessary. The Official Disability Guidelines discuss gym memberships. They are not recommended as a medical prescription unless a documented home exercise program with periodically assessment and revision has not been effective and there is a need for equipment. With unsupervised programs (gym memberships), there is no information flow back to the provider so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Gym memberships, health clubs, swimming pools would not generally be considered medical treatment and consequently are not covered under these guidelines. In this case, the injured worker has pain with occasional numbness to the upper extremities and lower back pain which are improved following epidural steroid injections. Physical examination shows tenderness to the paravertebral muscles of the cervical and lumbar spine and diminished sensation to the upper extremity and lower extremities. Gym memberships are not indicated. Unsupervised program may increase the risk of further injury to the injured worker and while the injured worker may benefit from a gym membership, gym memberships would not be considered medical treatment but more recreational and consequently are not medically necessary. Based on the clinical information in the medical record and the evidence based guidelines, the Gym membership is not medically necessary Pursuant to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy. Aquatic therapy minimizes the effects of gravity so it is specifically recommended where reduced weight bearing is desirable (i.e. with extreme obesity). In this case, there is no documentation indicating

reduced weight-bearing is desirable. Furthermore, the patient was 280 pounds but presently is 160 pounds as of October 9, 2014. Based on the clinical information in the medical record and the evidence based guidelines, the aquatic therapy is not medically necessary.