

Case Number:	CM14-0170993		
Date Assigned:	10/23/2014	Date of Injury:	11/21/2001
Decision Date:	12/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 November 21, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar fusion surgery; subsequent revision lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 23, 2014, the claims administrator denied a request for a one-year membership for supervised aquatic therapy. The applicant's attorney subsequently appealed. In a July 11, 2014, progress note, the attending provider sought authorization for an updated lumbar MRI as a precursor to the applicant's obtaining a spine surgery consultation. An August 7, 2014, progress note is notable for comments that the applicant reported ongoing complaints of low back pain radiating to the left leg, 3-6/10. The applicant was using Lyrica, Cymbalta, Ambien, and Xanax, it was acknowledged. Ambien and Xanax were dispensed in the clinic. Laboratory testing was endorsed. The applicant's gait was not described on this occasion. July 10, 2014, progress note, the applicant reported moderate-to-severe pain complaints. The applicant was using Lyrica, Ambien, Cymbalta, and Xanax, it was acknowledged. CT imaging, MRI imaging, and physical therapy were endorsed. The gym membership with aquatic component at issue was apparently endorsed via a September 4, 2014, progress note and a September 15, 2014, RFA form. These documents, however, were not incorporated into the independent medical review packet. The claims administrator's description of the September 4, 2014, progress note, however, suggested that the applicant was having issues with paresthesias about the left leg which were making him stumble at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year membership for supervised aqua therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy Topic; Exercise Topic Page(s): 22; 46-47.

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/or maintaining exercise regimens. Thus, ACOEM takes the position that gym memberships and/or performance of associated exercises are articles of applicant responsibility as opposed to articles of payer responsibility. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy may be recommended as an optional form of exercise therapy in applicants in whom reduced weight-bearing is desirable, in this case, however, it has not been specifically established that reduced weight-bearing is, in fact, desirable here, despite the applicant's ongoing complaints of low back pain and/or associated left lower extremity paresthesias. Finally, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines do not endorse any one particular form of exercise over another. The documentation on file does not clearly establish why aquatic therapy would be superior to other forms of exercise therapy here, although it is acknowledged that the September 2014 progress note and/or associated RFA form on which the article in question was sought was not seemingly incorporated into the independent medical review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.