

Case Number:	CM14-0171900		
Date Assigned:	10/23/2014	Date of Injury:	05/07/2013
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 an injured worker with a history of lumbosacral back injury. Date of injury was 05-07-2013. Regarding the mechanism of injury, the patient injured her back while engaging in a pulling motion. The progress report dated 08/25/14 documented subjective complaints of lumbar spine conditions. She stated that she continues with pain. Physical examination was documented lumbar pain. Lumbar spine flexion was 80 degrees. Motor strength was 5/5 in both legs. Diagnoses were lumbar herniated nucleus pulposus, lumbar disc disorder, lumbar stenosis, low back syndrome, lumbago, and spondylolisthesis. Treatment plan included epidural injections. The progress report dated 09/16/14 documented subjective complaints of lumbar spine pain. She experiences pain that radiates down the right leg. She is ambulatory with a single point cane. Patient has completed her physical therapy. Medications included Norco. Physical examination was documented. Lower extremity motor strength was 5/5 bilaterally. Sensation was normal in bilateral lower extremities. Body movement was normal. Gait was balanced and symmetrical. Lumbosacral tenderness was noted. Diagnoses were lumbar herniated nucleus pulposus, lumbar disc disorder, lumbar stenosis, low back syndrome, lumbago, spondylolisthesis, lower back and right leg pain, spondylolisthesis, and spinal stenosis. She has finished physical therapy. She has not found any improvement. Treatment plan included selective nerve root epidural injection to right L4 and L5 with fluoroscopy and sedation. Physical therapy to lumbar spine 8 sessions, aqua therapy to lumbar spine 8 sessions, and gym membership were requested. Utilization review determination date was 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 1 Year with Pool for The Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Gym memberships

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) state that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. ODG guidelines state that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for Gym Membership for 1 Year with Pool for The Lower Back is not medically necessary.

Aquatic Therapy 2 Times A Week for 4 Weeks for The Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. For recommendations on the number of supervised visits, see Physical medicine. Medical records document physical examination findings of 5/5 motor strength in bilateral lower extremities and normal sensation in bilateral lower extremities. Body movement was normal. Gait was balanced and symmetrical. The patient was ambulatory. The patient has tolerated land-based physical therapy in the past. The progress report dated 9/16/14 documented that the patient had completed her physical therapy. She has finished physical therapy. She has not found any improvement. No functional improvement with past physical therapy was documented. Per MTUS, aquatic therapy is a form of physical therapy. Because the patient reported no functional improvement with past physical therapy, the request for additional physical therapy in the form of aqua therapy is not supported. Therefore, the request for Aquatic Therapy 2 Times a Week for 4 Weeks for The Lower Back is not medically necessary.

Physical Therapy 2 Times A Week for 4 Weeks for The Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 10 visits for lumbar sprains and strains and intervertebral disc disorders. The progress report dated 9/16/14 documented that the patient had completed her physical therapy. She has finished physical therapy. She has not found any improvement. No functional improvement with past physical therapy was documented. Because the patient reported no functional improvement with past physical therapy, the request for additional physical therapy visits is not supported. Therefore, the request for Physical Therapy 2 Times a Week for 4 Weeks for The Lower Back is not medically necessary.