

<b>Case Number:</b>	CM14-0020475		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 patient is an employee of [REDACTED] who has submitted a claim for low back pain associated from an industrial injury date of October 14, 2011. Treatment to date has included L2-S1 laminectomy (8/17/12), aquatic therapy, physical therapy, home exercise program, and medications which include Norco, Flexeril, and Lyrica. Medical records from 2011-2014 were reviewed, the latest of which dated February 7, 2014 wherein the patient reports slight improvement of low back pain symptoms, however, persistent radiating pain down the lower extremity. She reports that her symptoms remain the same since last exam. She described the pain as moderate-severe grade 7-8/10. Patient reports bilateral knee pain and weakness with occasional crepitus. On physical examination, there is limitation in active range of motion of the lumbar spine with flexion to approximately 32 degrees, extension to approximately 14 degrees, left side bending to approximately 16 degrees and right side bending to approximately 17 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM PROGRAM FOR AQUATIC ACCESS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. Furthermore, Official Disability Guidelines does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the patient has undergone multiple sessions of physical therapy, 15 sessions of aquatic therapy and on long-term home exercise program. However, there is no evidence that attempts at these conservative therapies were ineffective. Moreover, there is no documentation regarding body mass index that may warrant water-based therapy. Lastly, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment, therefore the request for a gym program for aquatic access is not medically necessary.