

Case Number:	CM14-0029046		
Date Assigned:	06/13/2014	Date of Injury:	06/01/2011
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas. 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 is a 33 year old male whose date of injury is 06/01/11. The mechanism of injury is not described, but the injured worker is noted to complain of low back pain radiating to the left lower extremity. The records reflect that the injured worker underwent left L4-5 epidural steroid injection on 01/06/12 which provided some relief, but incomplete relief. Examination on 10/01/13 revealed 5/5 motor strength in the lower extremities; can heel and toe walk; reflexes are 2+/2+; sensation diminished in the left leg in the L5-S1 distribution. A transforaminal epidural steroid injection at left L5-S1 was performed on 11/04/13, and the records document 60% pain relief in the left leg following this procedure. Per progress report dated 02/05/14 the injured worker continues to have about 60% relief of symptoms, and he is very happy with the results. An additional epidural steroid injection has been authorized, but the injured worker would like to hold off on this until his pain becomes moderate to severe once again. It is noted that the injured worker has a difficult time with land-based exercising as any long period of standing or walking causes increased left leg pain with spasms. Therefore, an aquatic therapy program was recommended with six sessions of formal therapy with instruction by a physical therapist, and then a six-month self-directed aquatic therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SELF DIRECTED AQUATIC THERAPY PROGRAM AT IN-SHAPE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, AQUATIC THERAPY.

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

Decision rationale: Current evidence-based guidelines provide that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flowing back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The records indicate guideline recommendations have been exceeded for physical therapy without significant benefit reported; however, the injured worker was authorized to participate in six sessions of aquatic therapy following his most recent epidural steroid injection which was noted to have resulted in 60% reduction in pain symptoms. The injured worker has difficulty with land-based therapy, and six aquatic therapy visits were approved. There is no subsequent assessment of the injured worker's response to this treatment, and there is no indication that the proposed self-directed aquatic therapy program will be monitored by a health professional. Based on the clinical information provided, the request for six self-directed aquatic therapy program is not recommended as medically necessary.