

Case Number:	CM14-0029197		
Date Assigned:	06/16/2014	Date of Injury:	01/31/1980
Decision Date:	08/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation 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:

This patient is a 74-year-old male with date of injury of 01/31/1980. Per treating physician's, [REDACTED], report, 01/21/2014, the listed diagnoses are: 1. Chronic mechanical myofascial low back pain. 2. Chronic bilateral lumbar facet syndrome. 3. Spinal stenosis secondary to facet hypertrophy, L4-S1. 4. Bilateral lower extremity neuropathic pain. Listed medications are: 1. Mycophenolate. 2. Allopurinol. 3. Lisinopril. 4. Simvastatin. 5. Aspirin. MRI of the lumbar spine from 01/21/2014 is reported as facet changes at L3-L4, bulging disk ridging at L4-L5. Presenting symptoms are low back pain described as sharp, burning, and deep, and due to pain, has interference with lifting 10 pounds of bag of groceries, unable to sit more than half an hour, able to travel up to 1 hour per car, has difficulty with sleep. For future medical treatments, recommendation was for pool membership to facilitate his independent program to reduce low back pain, as land exercises aggravate the patient's back pain as he is obese, and as analgesic medications are not tolerated due to renal failure stemming from chronic intake of analgesic medications for his chronic low back pain. The treating physician felt that, "An independent gym program is reasonable, but as education is important to increase the effectiveness of his independent exercise and as avoidance of injury is important, I recommend such instruction for 6 sessions to address this concern."

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL MEMBERSHIP 6 MONTHS FOR LOW BACK: Overturned

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

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

Decision rationale: This patient presents with chronic low back pain with well-documented physical limitations in function. The current request is for pool membership for 6 months to address the patient's low back symptoms and functional deficit. Treating physician's report from 01/21/2014, explains that this patient is obese, is not able to tolerate land-based therapy and exercises, and is unable to tolerate medications very well due to his renal failure. He makes the argument that this patient would benefit from independent gym membership with a pool, so that the patient can exercise in a pool on a daily basis. While MTUS Guidelines are silent regarding gym membership, ODG Guidelines state that it is not recommended as medical prescription "unless a home exercise program has not been effective and there is a need for equipment". In this case, there does appear to be a need for home equipment and home exercise program has not been effective as the patient is not able to tolerate land-based exercises. MTUS and ODG Guidelines do support water exercises if obesity and land-based, weightbearing exercises are problematic. In this case, the requested 6 months of gym membership may be appropriate given the patient's current limitations in function and chronic pain, inability to tolerate land-based exercises, opiates medications due to renal failure. Water exercises, particularly independent exercises may be ideal for management of this patient's chronic pain. Given ODG support for a gym membership when there is a need for equipment; and the physician is monitoring the patient's progress, recommendation is for authorization of the requested pool membership for 6 months.