

Case Number:	CM14-0037889		
Date Assigned:	06/25/2014	Date of Injury:	07/11/2012
Decision Date:	07/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 General Surgery, has a subspecialty in Surgical Critical Care, 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 claimant is a 59-year-old female who sustained an injury on 07/11/2012. The prior treatment included trigger point injections at S1 joint in 2012, medications, epidural steroid injections, physical therapy, facets block at L4-L5, selective nerve root block for the lumbar spine on 07/16/2013, facet intraarticular injection on 02/18/2014. On office note of 01/16/2014, magnetic resonance imaging (MRI) of the lumbar spine revealed "severe spondylolisthesis and moderate-to-severe stenosis and facet arthropathy at L4-L5. Herniated disc with moderate stenosis was noted. On 02/20/2014, the treating provider noted ongoing complaints of chronic low back pain that was rated seven out of ten. It was also reported that the claimant was suffering from mild constipation. The recommendations were Norco 10-325 mg refill and four month membership for aquatic therapy for the lumbar spine. The diagnoses were chronic low back pain with L4-S1 bulging discs and severe facet arthropathy. In a letter dated 03/31/2014 the request for a four month membership for aquatic therapy for the lumbar spine was non-certified. It was believed that the applicant should have been utilizing a home-based exercise program that was not monitored. There were no reports of functional gains from prior aquatic sessions and no reasons why land therapy may not be undertaken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four month membership for aquatic therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web version, Low Back Chapter Gym Membership.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-101, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22, 74-97.

Decision rationale: There has been an Agreed Medical Examination dated 3/04/2013 that clearly states that the claimant should do well on a self directed Home Exercise Program. A monitored physical therapy program is not medically necessary. There is a letter in the available clinical from the claimant who opines that she is unable to participate in a home exercise program because of a lack of equipment. Home Exercise program are tailored to be done at home without any need of extra equipment. There is a Physical Therapy note from a facility documenting the claimants has understanding of a Home Exercise Program (HEP) and that she needs strict adherence to it to maintain and increase core strength. Given the overread of the MRI, chronic opioid use in deviation from AME and CAMTUS recommendations and given that the claimant has been demonstrated, participated in and acknowledged a self directed Home Exercise program and to which the claimant admits to nonadherence, the requested 4 month gym membership for aquatic therapy is not medically necessary.