

Case Number:	CM14-0058598		
Date Assigned:	07/09/2014	Date of Injury:	10/04/2010
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and knee pain reportedly associated with an industrial injury of October 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier lumbar spine surgery. In a Utilization Review Report dated October 4, 2010, the claims administrator denied a request for gym membership with access to a community pool or [REDACTED]. The applicant's attorney subsequently appealed. In a Utilization Review Report dated May 27, 2014, the applicant reported persistent complaints of 8-9/10 low back pain radiating to the bilateral lower extremities. Derivative complaints of insomnia, anxiety, psychological stress were also noted. The applicant was on Lopressor, Prilosec, Aspirin, Benazepril, Theramine, Hydrochlorothiazide, Flexeril, Tramadol, Norvasc, and AcipHex. Authorization was sought for lumbar spine surgery on the grounds that the applicant had an electrodiagnostically confirmed radiculopathy following earlier failed lumbar laminectomy surgery. In an earlier note dated April 9, 2014, the applicant was described as off of work, on total temporary disability. CT imaging of the lumbar spine was sought. The applicant was described as having lower extremity strength ranging from 4+ to 5/5. The applicant was obese, standing 5 feet 8 inches tall, and weighing 200 pounds. The applicant's gait was not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Access to Community pool or [REDACTED] for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, the access to a community pool being sought by the attending provider, per ACOEM, is an article of applicant responsibility as opposed to an article of payor responsibility. It is further noted that page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that aquatic therapy is recommended as an optional form of exercise therapy in applicant's in whom reduce weightbearing is desirable. In this case, however, there is no evidence that reduce weightbearing is, in fact, desirable. The applicant's gait was not described on several progress notes, referenced above. Therefore, the request is not medically necessary.