

Case Number:	CM14-0184066		
Date Assigned:	11/12/2014	Date of Injury:	01/03/2013
Decision Date:	01/31/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 Emergency 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:

Patient with reported date of injury on 1/3/2013. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of lumbosacral strain/arthrosis, discopathy and foraminal stenosis. Medical reports reviewed. Last report available until 10/1/14. Patient has been undergoing aqua therapy and has reported improvement in function and pain. Patient continues to have low back pain radiating to R lateral thigh. Objective exam reveals diffuse tenderness from L5-S1 including bilateral paraspinal muscles. Positive straight leg raise on R side. 4/5 quadriceps strength bilaterally and 4/5 strength of iliopsoas on R side. Progress notes reason for gym and pool membership, "patient knows how to perform water exercises independently and does not need supervision." MRI of lumbar spine (7/1/13) revealed 2mm broad based posterior disc endplate osteophyte complex at L3-4 contacting anterior thecal sac. Marked loss of disc height and disc desiccation at L4-5. Moderate central canal stenosis due to broad based posterior disc protrusion/extrusion. Broad based disc desiccation at L5-S1 causing pressure on R S1 root. EMG dated 5/31/13 of lower extremities reveal R L5 nerve root injury. Medications include omeprazole and cyclobenzaprine. No other medications were noted on record. Patient has reportedly undergone aqua therapy, acupuncture, back brace and has had a reported L5-S1 epidural injection. Independent Medical Review is for pool and gym membership for 1 year. Prior UR on 10/8/14 recommended non-certification. It approved TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and gym membership for one year: Upheld

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 Memberships

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended. They are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued pool exercise is recommended, Pool and Gym membership is not medically necessary.