

Case Number:	CM14-0196966		
Date Assigned:	12/05/2014	Date of Injury:	04/23/2009
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 04/23/09. Treatments included a lumbar decompression a multilevel lumbar decompression and fusion in January 2013. A CT scan of the lumbar spine on 04/21/14 included findings of severe L5-S1 facet arthropathy with moderate foraminal stenosis. She was seen by the requesting provider on 08/21/14. There had been no improvement since her surgery. She was having ongoing back and right lower extremity radicular symptoms. Pain was rated at 5/10. She had completed six aqua therapy sessions and had improved core strengthening and flexibility. She was able to do more housework, walk her dog, and had a longer standing tolerance. Medications included tramadol which was decreasing pain from 9-10/10 down to 6-7/10. She was occasionally taking immediate release oxycodone and Celebrex. Physical examination findings included appearing in moderate discomfort. She was noted to ambulate with a cane. She had moderate right lumbar paraspinal muscle tenderness with decreased lumbar spine range of motion. There was decreased right lower extremity sensation and decreased right lower extremity reflexes. Tramadol, immediate release oxycodone, and Celebrex were refilled. There is reference to consideration of a gym membership. On 10/16/14 urine drug screening had shown expected results. Pain was rated at 7/10. She was continuing to participate in all therapy. She wanted to continue pool exercises on her own. Physical examination findings included appearing in mild to moderate discomfort. Medications were refilled. Authorization for a one-year gym [REDACTED] membership with pool access was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool x 1 year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

Decision rationale: The claimant is more than 5 years status post work-related injury and underwent a multilevel lumbar spine decompression and fusion in January 2013 without reported benefit. She continues to be treated for chronic radiating low back pain. The requesting provider documents improvement with pool exercises. The claimant regularly participates in a gym based pool program. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. If any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant uses the pool on a regular basis and has imaging showing findings consistent with advanced adjacent segment facet arthropathy which would reasonably be expected to limit participation in a land based exercise program. Therefore, the requested one year gym membership with a pool was medically necessary.