

Case Number:	CM15-0008084		
Date Assigned:	01/26/2015	Date of Injury:	04/19/2007
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 injured worker is a 47 year old male, who sustained an industrial injury on April 19, 2007. He has reported lower back pain with radiation to the right leg. The diagnoses have included lumbar spine sprain, lumbar spine discogenic disease, and chronic right sided radiculopathy. Treatment to date has included acupuncture, physical therapy, medications, home exercises, trigger point injections, epidural steroid injections, and imaging studies. Currently, the injured worker complains of continued lower back pain with radiation to the right leg. The treating physician is requesting a one year pool and gym membership so that the injured worker may have use of the pool for water therapy. On December 16, 2014 Utilization Review non-certified the request for the one year pool and gym membership noting the lack of documentation to support the medical necessity of the request. The ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and gym membership, quantity: 1 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22, 56-57. Decision based on Non-MTUS Citation Low Back

Decision rationale: CA MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a documented home exercise program has not been effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. CA MTUS states that aquatic based therapy may be considered if land based therapy is not tolerated or not effective but in this case, land base home exercise program is described as being effective and well tolerated. A 1 year gym and pool membership is not medical necessary.