

Case Number:	CM15-0104461		
Date Assigned:	06/08/2015	Date of Injury:	06/10/1990
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury on 06/10/90. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgeries, and neck surgery. Diagnostic studies include x-rays of the lumbar and cervical spine. Current complaints include back pain and left leg numbness. Current diagnoses include pain in the thoracic spine. In a progress note dated 04/22/15 the treating provider reports the plan of care as continued medications including Aleve and Prilosec, and a swimming program. The requested treatments include a swimming program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 swimming program for the lumbar spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 47.

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 & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines

American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)
Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain. When seen, he was having left lower extremity numbness. There was decreased left lower extremity strength, sensation, and decreased reflexes and a positive straight leg raise. A 12 session swimming pass was requested in lieu of formal physical therapy. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, there is no documentation of a prescribed exercise program or definite need for specialized equipment. Therefore, the request is not medically necessary.