

Case Number:	CM15-0131869		
Date Assigned:	07/20/2015	Date of Injury:	08/26/2009
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/08/2015

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: Florida, New York, Pennsylvania
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 49-year-old male, who sustained an industrial injury on 8/26/2009. The mechanism of injury was lifting heavy boards. The injured worker was diagnosed as having lumbar disc displacement, lumbar fusion surgery and revision laminectomy. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In progress notes dated 4/29/2015 and 5/12/2015, the injured worker complains of low back pain rated 9/10. Physical examination showed decreased lumbar range of motion and paravertebral tenderness and muscle spasm. The treating physician is requesting a gym/pool membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/pool membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 22, 98.

Decision rationale: The member sustained an injury while lifting heavy objects with a DOI of 8/26/09. The member underwent a lumbar fusion in 2011 and a revision with removal of hardware in 2013. Because of persistent symptoms an MRI was obtained 1/2/15 that revealed a L sided extrusion of the nucleus pulposis with neural foraminal occlusion in addition to a marked bony hypertrophy of the facets and remaining posterior arch. A CT was recommended and obtained 1/16/15 that revealed a marked impingement of the spinal canal at L5-S1 secondary to a 5X3 cm fibrous hypertrophy. An EMG was also obtained that revealed chronic bilateral L5 and L S1 radiculopathy. An orthopedic review was accomplished 4/29/15. It revealed 9/10 L radiculopathy pain to the foot and toes. The surgeon recommended a conservative trial of therapy involving aquatic therapy for 6 months with a consideration for revision surgery if necessary at that time. Unfortunately, there was evidence that the member had undergone traditional physical therapy covering X3/wk X6/wks of therapy at or about this time. Aquatic therapy can be recommended as an optional form of exercise therapy, where available. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. It is however, an alternative and as reported in the detailed orthopedic consultation a total of 18 sessions of traditional physical therapy had been accomplished already to little effect. With the lack of response to physical therapy combined with the evidence of a robust postoperative response causing significant L neural foraminal occlusion the addition of further aquatic therapy would offer no benefit. The UR Non-certification is supported. The request should be denied. This request is not medically necessary.