

<b>Case Number:</b>	CM15-0133482		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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

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 61-year-old male, who sustained an industrial injury on January 16, 2006. The injured worker reported back pain. The injured worker was diagnosed as having incomplete T10 paraplegia, opioid dependence, lumbar facet joint arthropathy, lumbar intervertebral disc displacement, psychophysiological disorder, depressive disorder, lumbar post-laminectomy syndrome and psychagia. Treatment to date has magnetic resonance imaging (MRI), included spinal cord stimulator implant, medication, injections, physical therapy and aqua therapy. A progress note dated June 25, 2015 provides the injured worker complains of low back pain radiating to the legs with swelling, numbness and tingling. He reports deconditioning and weight gain and would like to restart aqua therapy. Physical exam notes the injured worker to use wheel chair for mobility. The plan includes psychological follow-up, urology consult, membership for aquatic exercise and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year membership for independent aquatic exercises:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines exercise.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated when there is a failure of home exercise program or the need for specialized equipment. The memberships must be under the direct supervision of a medical professional. The request is for aquatic exercise, which would not be available as a home exercise, but there is no direct supervision and therefore the request is not medically necessary.