

Case Number:	CM15-0141378		
Date Assigned:	08/03/2015	Date of Injury:	06/09/1995
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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 50 year old male, who sustained an industrial injury on 6-9-95. Initial complaints were not reviewed. The injured worker was diagnosed as having arthropathy of lumbar facet joint; knee pain; spondylosis; degeneration of lumbosacral intervertebral disc; neck pain bilateral; low back pain bilateral; chronic somatic dysfunction. Treatment to date has included physical therapy; medications. Diagnostic studies included MRI of the Lumbar Spine (2-21-13). Currently, the PR-2 notes dated 6-25-15 indicated the injured worker presents for a follow-up visit. He notes he has been seeing some improvement of pain in his low back with diet and lifestyle changes, and feels like his low back is stable at this point. The injured worker does report having persistent pain in the neck with pain and numbness radiating down the right upper extremity. The injured worker reports his neck pain is waking him up at night and feels sharp at times especially when his is lying down; the pain seems to be worse. He has found that swimming and home exercise program has been helpful in stabilizing the pain in his low back. His pain levels are 3 over 10. On physical examination, the provider notes tenderness to palpation of the cervical paraspinals with distribution of pain along the C5, C6 and C7 dermatomes of the right upper extremity. There are Positive Tinel's sign of the right wrist and mild tenderness to palpation of the lumbar paraspinals. The MRI of the lumbar spine was submitted dated 2-21-13 impression reveals L4-L5 minute left paracentral disc protrusion with central annular tear of the disc which is in concert with mild hypertrophic facet changes posteriorly is causing mild hypertrophic facet changes posteriorly is causing mild central canal stenosis. It is noted mild to moderate focal spondylotic changes at the L3-L4 level which in

concert with hypertrophic facet changes posteriorly is causing mild to moderate central canal stenosis at this level. There is an associated Modic 1 and Modic 2 change, particularly Modic 1 degenerative edema involving the respective endplates at this level which may represent some degree of instability. The provider is requesting authorization of 50 Pool pass sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

50 Pool pass sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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 necessary when there is a failure of a prescribed home exercise program. The membership must be under the supervision of a medical professional. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.