

Case Number:	CM15-0163570		
Date Assigned:	08/31/2015	Date of Injury:	01/28/2013
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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 (IW) is a 58 year old female who sustained an industrial injury on 01-28-2013. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Low back pain; Neck pain (industrially disputed) Treatment to date has included over the counter ibuprofen, a transcutaneous electrical nerve stimulation (TENS) unit, topical medications, acupuncture, and pool therapy. Tests include a MRI of the lumbar spine (03-25-2013) that showed a left lateral disk L4-L5 with significant foraminal stenosis on the right at L4-L5. MRI of the cervical spine (05-27-2014) showed right sided foraminal stenosis at C4-C5, left sided disk/osteophyte at C6-C7 causing significant narrowing of the canal. An EMG (electromyogram) on 08-30-2013 showed right peroneal motor nerve demyelination and entrapment across the fibular head, a proximal abnormality of bilateral peroneal nerve, demyelination of right tibial nerve, proximal abnormality of right tibial nerve, and right sural sensory abnormality. In the exam notes of 06-09-2015, the injured worker complains of low back pain. On exam, she has restricted range of motion in the lumbar spine and walks with a slight limp that favors her right leg. She has reported building up some endurance and strength with the pool therapy. By comparison, the notes of 07-16-2015 report no significant change in her objective findings. She reports that acupuncture provides her with about 40% reduction in pain for 3-4 days as well as improved sleep from 4 to 8 hours nightly. The pool therapy finished and she feels ready for self-directed exercise. There are no notations of decreased pain or increased strength from this therapy. The treatment plan is for a 3 month gym membership with a heated pool for self-directed exercise. A request for authorization was submitted for Gym Membership for 3 Months Lumbar and Cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 3 Months Lumbar and Cervical: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition, 2015, Chapter: Low Back - Lumbar & Thoracic, Gym Memberships.

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 sustained a work injury in January 2013 and is being treated for neck and low back pain. Recent treatments have included acupuncture and pool therapy, both with benefit. In May 2015, she had completed six pool therapy treatment sessions with improved strength and endurance and was being progressed to strengthening exercises. There was a goal of a transition to a self-directed pool exercise program. As of 06/22/15 she was independently performing pool exercises. Prior treatments had included land-based physical therapy with a worsening of symptoms. When seen in July 2015 she felt ready to continue with a self directed pool based exercise program. Physical examination findings were unchanged with the previous examinations documenting decreased lumbar spine range of motion and a slight limp favoring the right lower extremity. Authorization was requested for a three-month gym membership. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self managed and criteria for a gym membership include when following an exercise program. In this case, the claimant appears motivated to continue an independent exercise program including aquatic therapy which would be considered as an appropriate treatment. Continued gym use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. The requested membership is medically necessary.