

Case Number:	CM15-0192877		
Date Assigned:	10/07/2015	Date of Injury:	11/21/2013
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male, who sustained an industrial injury on November 21, 2013. The injured worker was diagnosed as having lumbago, right side sciatica, and lumbar five to sacral one annular disc tear and disc protrusion. Treatment and diagnostic studies to date has included land physical therapy, magnetic resonance imaging of the lumbar spine, status post lumbar hemi-laminotomy with medial facetectomy with foraminotomy and level one lumbar spine at right lumbar five to sacral one, and medication regimen. In a progress note dated August 25, 2015 the treating physician reports complaints of chronic pain to the low back with occasional radiating pain to the right leg. Examination performed on August 25, 2015 was revealing for tenderness to the incision region, tenderness to the right posterior superior iliac spine, decreased range of motion to the lumbar spine, and pain with bilateral straight leg raises. The medical records provided included at least three sessions of prior land physical therapy in July of 2014, but the progress notes did not indicate if the injured worker experienced any functional improvement with these sessions of physical therapy. On August 25, 2015 the treating physician requested six sessions of aquatic therapy to treat and alleviate symptoms to the low back noting that the injured worker has failed land-based therapy. On September 01, 2015 the treating physician requested a one year self-directed at a wellness center, but the documentation did not indicate the specific reason for the requested membership. On September 10, 2015 the Utilization Review determined the request for 1 year self-directed membership at a wellness center to be non-certified. On September 10, 2015, the Utilization Review determined the request for six sessions of an aquatic therapy to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of aquatic therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back-Lumbar and Thoracic, Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The current request is for 6 sessions of aquatic therapy. Treatment and diagnostic studies to date has included land physical therapy, injections, chiropractic treatments, IF unit, hot/cold packs, magnetic resonance imaging of the lumbar spine, status post lumbar hemi-laminotomy (4/11/14), and medication regimen. The patient is TTD. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." Per report 08/25/15, the patient is status post lumbar surgery from 4/11/15 and continues to complain of low back pain with occasional radiating pain to the right leg. Examination revealed tenderness to the incision region, tenderness to the right posterior superior iliac spine, decreased range of motion to the lumbar spine, and pain with bilateral straight leg raises. The treater requested six sessions of aquatic therapy to treat and alleviate symptoms, noting that the patient failed land-based therapy. This patient has recently completed 3 land based PT sessions. The treater states that the patient failed land therapy, and recommended a trial of water therapy. MTUS guidelines support up to 10 sessions for complaints of this nature, the 6 requested is within guideline limits. Given the patient's surgical history, and examination findings, the requested 6 aqua therapy sessions are medically necessary.

1 year self directed membership at a wellness center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar and Thoracic (Acute and Chronic) 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 Chapter, under Gym Memberships.

Decision rationale: The current request is for 1 year self directed membership at a wellness center. Treatment and diagnostic studies to date has included land physical therapy, injections, chiropractic treatments, IF unit, hot/cold packs, magnetic resonance imaging of the lumbar spine, status post lumbar hemi-laminotomy (4/11/14), and medication regimen. The patient is TTD. Official Disability Guidelines, Low Back Chapter, under Gym Memberships states: 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Per report 08/25/15, the patient is status post lumbar surgery from 4/11/15 and continues to complain of low back pain with occasional radiating pain to the right leg. Examination revealed tenderness to the incision region, tenderness to the right posterior superior iliac spine, decreased range of motion to the lumbar spine, and pain with bilateral straight leg raises. There is a request for a 1 year membership to a wellness center, but the treater has not provided any discussion regarding the medical necessity of this request. While the treater may feel as though this is an appropriate treatment plan, guidelines do not support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Therefore, the request is not medically necessary.