

Case Number:	CM15-0196526		
Date Assigned:	10/12/2015	Date of Injury:	02/27/2013
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male who sustained an industrial injury on February 27, 2013. A recent pain management follow up dated September 16, 2015 reported chief subjective complaint of "low back and bilateral lower extremity pain." He notes "increased pain in the left buttocks and left shoulder," and "no relief from recent epidural." Patient reports "stable functionality." Current medication regimen consisted of: Nortriptyline, Omeprazole, Topamax, Norco, Voltaren XR, Baclofen, Ibuprofen, and Abilify. The following diagnoses were applied to this visit: chronic pain syndrome; lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; other pain disorder related to psychological factors; sciatica; encounter for long term use of other medications, and cervicalgia. Previous treatment to involve: medications, anti-inflammatory agent, diagnostic MRI, physical therapy and surgical intervention, microdiscectomy. The plan of care is with requested recommendation for: left shoulder injection, psychological examination for spinal cord stimulator evaluation, trial for post laminectomy syndrome and continue with ongoing exercises from function restoration program. Pain management follow up visit dated August 25, 2015 reported the worker having completed the functional restoration program approximately 6 months prior and "demonstrates considerable improvements in independence." The patient is now "walking 45 minutes daily, as compared to 20 minutes prior to program". And is now "able to bathe and clothe himself fully." "To facilitate further progress the patient continues to work with consulting doctors." The plan of care is with recommendation for 6 month's gym membership and aquatic therapy 8 sessions. Back at pain follow up dated January 21, 2015 there was noted subjective complaint of: "ongoing low back pain." There is note of the worker having started Fetzima for one week and "no change in pain." On September 17, 2015 a request was made for 6 month's gym membership and aquatic therapy 8 sessions that were noncertified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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/Gym memberships (9/22/15).

Decision rationale: According to ODG, CA MTUS and ACOEM are silent, gym membership is "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals". According to my review of the records, the patient has been successfully started on a home exercise program with no indication that it "has not been effective" as the guidelines recommend. Additionally there is no documentation of a specific need for gym equipment for rehabilitation. The request for gym membership does not outline a monitored treatment program that is administered by medical professionals. Consequently the provider's request for a gym membership does not meet the cited guidelines, therefore is not medically necessary.

Aqua therapy, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: According to the cited CA MTUS guidelines, "Aqua therapy is 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 desirably. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females". From my review of the provided documents there does not seem to be a specific clinical need for aquatic therapy over land-based physical therapy. It does not appear that the IW has inability to perform land-based therapy such as a home exercise program and there is no mention that his condition would be exacerbated by weight bearing activity. Consequently, the request for aquatic therapy is not supported by the guidelines as being medically necessary.