

<b>Case Number:</b>	CM15-0042606		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Utah, Arkansas  
 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 was a 34 year old male, who sustained an industrial injury, September 6, 2013. The injured worker previously received the following treatments Ibuprofen, Lidall Patch, Norco, Ultram, MRI of the lumbar spine, spinal orthopedic consultation, gym membership, random toxicology laboratory studies, cardio-respiratory diagnostic testing, sudoscan sudomotor function assessment diagnostic, x-ray of the cervical spine and lumbar spine, lumbar facet Arthrogram, H-wave device and facet blocks at L4-L5 and L5-S1. The injured worker was diagnosed with discogenic back pain, lumbar sprain/strain, facet arthropathy L4-L5 and L5-S1, cervical sprain/strain, disc bulge T11-T12 and insomnia. According to progress note of January 23, 2015, the injured workers chief complaint was constant neck pain. The injured worker rated the pain 9 out of 10; 0 being no pain and 10 being the most severe pain. The lower back pain radiates down both legs, left greater than the right. The pain was rated 9 out of 10. The injured worker described the pain as sharp and throbbing, with associated numbness, tingling and weakness in both legs. The pain was aggravated by prolonged sitting, prolonged standing, repetitive kneeling, squatting, repetitive over the head reaching, repetitive twisting, repetitive lifting, repetitive carrying, pushing, pulling, climbing and lifting heavy objects. The pain was reduced by rest, activity modification and Ibuprofen. On January 19, 2015 the treatment plan included aquatic therapy through gym membership and physical therapy 12 visits; 2 visits per week for 6 weeks for lumbar spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy through gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain, Gym Membership.

**Decision rationale:** There are no specific MTUS guidelines that discuss the use of gym membership. Other guidelines as cited above were used. The patient's clinical documents were reviewed. According to the above-cited guidelines, The Official Disability Guidelines state in the low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals." The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. At this time a gym membership is not considered a medical necessity.

**12 Physical therapy visits with evaluation for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy of the lumbar spine. Physical Medicine Guidelines 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 (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The clinical documents state that the patient has attended previous sessions of physical therapy. This request would exceed the current recommended amount of sessions of physical therapy. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.