

Case Number:	CM14-0110700		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2013
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 41 year old female who developed persistent low back pain subsequent to a lifting activity on 5/16/13. She has been diagnosed with a bilateral L5 lumbar radiculopathy with positive findings on electrodiagnostics and magnetic resonance imaging (MRI) scanning. It has been opinioned that she is not a good surgical candidate. She walks with a cane for assistance and has her transportation needs met by friends or family. Around the home she utilizes a motorized scooter. No actual body weights are recorded, but the treating physician states that she is significantly over ideal weight. She has just finished a Functional Restoration Program that documented that she has very little self motivation to participate in exercise. Her tolerance on a treadmill did increase over the 3 weeks program, no water based exercises were available. It is documented that she does not tolerate land based exercises very well.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 week trial of Gym Membership health club with pool access: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines / Treatment in Workers Compensation (ODG-TWC): Low Back Chapter: Gym Member ship

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend at least a trial of aquatic therapy for individuals who have medically determined difficulties with land based exercises. It is clearly documented that this patient does not tolerate land based exercises due to her diagnosis and body habitus. Her motivation has been questioned in the past, but a several week trial to evaluate for attendance and benefits is consistent with Guidelines and is medically necessary.