

<b>Case Number:</b>	CM14-0094668		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/18/1994
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

Injured worker is a male with date of injury 5/18/1994. Per pain management office visit note dated 5/14/2014, the injured worker complains of back pain. He reports severity is moderate-severe, and the problem is worsening. His pain occurs persistently. Location of pain was upper back, middle back, lower back and neck. The pain is described as an ache, burning, deep, diffuse, discomforting, dull, localized, numbness, piercing, sharp, shooting, stabbing, superficial and throbbing. Symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, defecation, descending stairs, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting and walking. Symptoms are relieved by exercise, heat, ice, lying down, injection, massage, movement, over the counter medication, pain meds/drugs, physical therapy, spontaneous relief, stretching, rest and sitting. Pain without medications is rated at 9/10 and with medication is rated at 7/10. With medication she is able to get dressed in the morning, do minimal activities at home and have contact with friends via phone and email. Without medications he stays in bed all day and feels hopeless and helpless about life. On examination cervical spine has moderate restriction to flexion, extension and lateral bending. There is bilateral facetogenic pin at C6-7, C7-T1, which is worse with facet loading. Diagnoses include 1) other symptoms referable to back 2) neurogenic spastic bowel 3) C5-C7 level with central cord syndrome 4) failed back surgery syndrome cervical 5) chronic pain due to trauma 6) erectile dysfunction due to cord injury 7) constipation, unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 aqua therapy monthly membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section, Physical Medicine section Page(s): 22, 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Gym Membership section.

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The injured worker reports that aqua therapy was very helpful, so he has apparently had therapist guided therapy previously, and is now recommended to have a monthly membership for self-directed therapy. Although pool therapy was helpful, it is not indicated that that injured worker cannot use land based therapy or exercise at home that does not require special equipment. The MTUS Guidelines do not address memberships to provide access for self-directed therapy. The ODG does not recommend gym membership 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. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, 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. Therefore, prospective request for 1 aqua therapy monthly membership is not medically necessary and appropriate.