MAXIMUS Federal Services

Case Number:	CM15-0116135		
Date Assigned:	06/24/2015	Date of Injury:	12/12/2005
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 50-year-old male, who sustained an industrial injury on 12/12/05. He reported low back pain. The injured worker is diagnosed as having lumbosacral radiculitis, acquired spondylolisthesis, chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment to date has included medication, physical therapy (swimming), surgical intervention, MRI, activity modification, rest, back corset, cold/heat therapy, home exercise program, pain clinic, chiropractic, acupuncture and massage therapies, injections and psychotherapy. Currently, the injured worker complains of low back pain described as aching and sometimes sharp and burning. The injured worker rates the pain at 5-9/10 with an average 7/10. The injured worker also reports leg pain with the right being worse than the left and rates it at 3-8/10 with an average of 5-6/10. He reports the pain is constant, aching, burning and sometime sharp. He also reports tingling in his legs. The back pain is exacerbated by bending, twisting, stooping, standing, walking, sitting more than 10 minutes, lifting more than 5 pounds, activity, lying on his back, stomach and left side. The pain is improved by repositioning, medication, activity, exercise, walking, stretching, ice and swimming. He also reports sleep disturbance. A note dated 4/16/15 states continued low back and leg pain. A note dated 5/18/15 states back pain is alleviated by swimming. The injured worker receives benefit from medications and is able to engage in activities of daily living. The injured worker is also engaging in physical activity (walking and swimming) to alleviate the low back and legs (bilaterally) pain. He did not experience any significant relief from surgical intervention. A gym membership for pool access for 6 months is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership to Pool x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/15/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Gym Memberships Low Back Chapter/Gym Membership Section.

Decision rationale: The MTUS Guidelines do not address the use of gym membership. The ODG does not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There is no indication that the injured worker has failed with the use of a home exercise program. There is also no indication that the exercises that the injured worker needs to perform require special equipment that may necessitate a gym membership. There is no explanation why the injured worker should use pool exercise over land-based exercise in the treatment of low back pain. The request for gym membership to pool x 6 months is determined to not be medically necessary.