

Case Number:	CM15-0116265		
Date Assigned:	06/24/2015	Date of Injury:	02/26/2010
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 61 year old male who sustained an industrial injury on 02/26/2010. He reported low back injury due to heavy lifting, moving furniture and sheet metal from a warehouse. The injured worker was diagnosed as having post laminectomy pain syndrome, (epidural fibrosis, nerve root entrapment and chronic lumbar radiculitis, left greater than right); morbid obesity; obstructive apnea; hypertension, depression; chronic pain syndrome (TMJ symptoms and insomnia/mood disorder); and gastroesophageal reflux disease. Treatment to date has included physical therapy, surgery (a bilateral L4-5 laminectomy, right L5-S1 hemilaminectomy/discectomy on 10/05/2010), medication, lumbar epidural injection, acupuncture, diagnostic testing, and pool therapy. Currently, the injured worker complains of continuous low back pain rated at 5-6/10, increasing to 7-8/10 intermittently and upon activities. He also reports numbness in both legs, hands; headaches; stiff neck and whole body pain. He reports difficulty in performing several activities of daily living such as bathing, dressing himself, writing, seeing, speaking, standing, sitting, reclining, walking, climbing stairs, tactile feeling, tasting, lifting, grasping, tactile discrimination, riding. He also reports difficulty with sexual activities as well as sleep disturbances, (Panel Qualified Medical Examination Evaluation report 05/11/2015). On the office visit of 05/05/2015, he had completed five of six authorized pool therapy visits and felt substantial improvement of pain and discomfort with the therapy. Objectively, he is morbidly obese and uses a cane for ambulation. His post-operative MRI with contrast on 08/2011 found enhancement along the posterior disc bulges at L4-5 and L5-S1 into the epidural space consistent with epidural scar formation. The epidural scar formation

surrounds the bilateral S1 nerve roots and along the ventral thecal sac at L4-5 that surrounds the bilateral L5 nerve roots. Current medications include Ibuprofen, Gabapentin, Tramadol, and Tizanidine. The treatment plan includes continuation of self-directed pool therapy via a gym membership so he can access a warm pool on an indefinite basis. The focus is on long term conditioning and pain control. His medications were continued. A request for authorization is made for a Gym membership for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: Overturned

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for radiating low back pain. He also has osteoarthritis of his right hip. His BMI is over 38. When seen, there was a slow and antalgic gait and decreased and painful lumbar spine range of motion. There was back pain with straight leg raising. Treatments had included full therapy with benefit. Being requested is a gym membership to allow for continued self-directed all exercises. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self-managed and criteria for continued membership include when following an exercise program. In this case, the claimant appears motivated to continue an independent exercise program including aquatic therapy. This would be considered as an appropriate treatment as there are expected difficulties with lower extremity weight bearing due to obesity, hip osteoarthritis, and low back pain. The requested membership is medically necessary.