

Case Number:	CM15-0116906		
Date Assigned:	06/24/2015	Date of Injury:	06/14/2010
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
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: Arizona, California
 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 is a 61 year male with an industrial injury dated 06/14/2010. His diagnosis was backache. Prior treatment included pain coping skills group, medications, aquatic therapy and diagnostics. He presents on 05/22/2015 noting pain level was unchanged since last visit. He rates his pain with medications as 4/10 and 8/10 without medications. Physical exam revealed global antalgic, slowed, stooped gait without use of assistive devices. Lumbar spine range of motion was restricted. On palpation there was tenderness and tight muscle band. Lumbar facet loading was positive on both sides. FABER test was positive. Light touch sensation was patchy in distribution. Treatment plan included medications, TENS unit to address complaints and avoid medication escalation, aquatic therapy to progress range of motion and provide aerobic activity. The provider notes the injured worker had good initial benefit with 6 visits of treatment greater than 2-3 months ago. Also documented is the injured worker has difficulty with land based exercise and cannot perform this consistently due to pain. Gym membership with a pool for six months to continue aquatic exercise after completion of aquatic therapy is also requested. The treatment request is for 6 additional visits of aquatic therapy for the low back, gym membership with a pool times 6 months and purchase of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Although the claimant had improved from prior use of TENS, indefinite use by purchasing it is not substantiated nor recommended by the guidelines. The request to purchase the TENS unit is not medically necessary.

6 additional visits of aquatic therapy for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine guidelines Page(s): 22, 99.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, the claimant had already completed at least 6 sessions of aqua therapy. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.

Gym membership with a 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 Official Disability Guidelines (ODG), Low back - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain guidelines and gym membership - pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating

physician in regards to treatment response. In addition, the claimant had already completed at least 6 sessions of aqua therapy. Consequently a gym membership is not medically necessary.