

Case Number:	CM15-0120907		
Date Assigned:	07/01/2015	Date of Injury:	04/11/1999
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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 4/11/1999. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar radiculitis, post laminectomy syndrome, chronic pain syndrome. Treatments to date include activity modification, NSAIDs, Lidoderm, narcotic, physical therapy, and insertion of a spinal cord stimulator. Currently, he complained of ongoing chronic and severe low back pain that was rated 8/10 VAS without medication. On 4/21/15, the physical examination documented tenderness to lower lumbar muscles and decreased range of motion. The plan of care included a one-year gym membership with access to a pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year Gym membership with pool access: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines Pain- Gym Memberships.

Decision rationale: MTUS Guidelines address general principles for aquatic exercise by stating that there needs to be a demonstrated difficulty with land based exercises due to medical conditions such as severe obesity or neurological deficits. ODG Guidelines address this issue directly and state that there should be a demonstrated failure of a home based program plus a demonstrated need for specialized equipment found in a gym setting (i.e. need for stationary bike during knee rehab). These standards are not met with this individual. No neurological strength deficits are present and there is no documentation of the failure of a reasonable trial of home exercising and the need for specialized equipment. The Guidelines point out that for low back treatment, any aerobic activity is beneficial and no one approach is found to be better than another. Under these circumstances, the One (1) year Gym membership with pool access is not supported by Guidelines and is not medically necessary.