

Case Number:	CM15-0129136		
Date Assigned:	07/15/2015	Date of Injury:	07/12/1996
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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:

This 73 year old man sustained an industrial injury on 7/12/1996. The mechanism of injury is not detailed. Diagnoses include mechanical low back pain, discogenic low back pain, and post-laminectomy syndrome. Treatment has included oral and topical medications, pool therapy, and intrathecal pain pump. Physician notes on a PR-2 dated 6/11/2015 show complaints of low back pain with radiation to the bilateral legs and feet and insomnia. The worker rates his pain without medications 10/10 and with medications 7/10. Recommendations include Nortriptyline, Butrans patch, community pool program, Norco, Klonopin, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial 3 month gym membership: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 has a remote history of a work injury occurring in July 1996 and continues to be treated for radiating back pain including a diagnosis of post-laminectomy syndrome. He has an intrathecal opioid pump. Treatments have included pool therapy including at a facility with an in-pool treadmill. He requested gym access for its use. The claimant appears to have significant impairment and uses a cane or walker and scooter for community mobility. When seen, he was using a scooter and had stiffness and guarding when transitioning positions. There was decreased lower extremity range of motion and sensation. There was moderate to severe low back tenderness. He had decreased upper extremity strength with limited range of motion. Authorization is being requested for a three month gym membership on a trial basis. 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 which would be considered as an appropriate treatment where there are expected difficulties with lower extremity weight bearing. He has already had formal pool therapy. The requested 3 month trial membership is medically necessary. Continued use can be considered if can be documented that the claimant is using the facility at least 3 times per week and following an exercise regimen.