

Case Number:	CM15-0171306		
Date Assigned:	09/14/2015	Date of Injury:	05/06/1993
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, 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 applicant is a represented 43-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of May 6, 1993. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for six months [REDACTED] pool membership/pool program. Norco, conversely, was approved. A July 31, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 1, 2015, the applicant reported ongoing complaints of low back pain, reportedly intractable. The applicant was using Norco, Neurontin, Celebrex, Flector, Vytorin, Wellbutrin, Ambien, Dexilant, and metformin, it was reported. The applicant's BMI was 26. The applicant exhibited a slow and antalgic gait, it was reported. It was suggested that the applicant was actively considering lumbar spine surgery. On June 1, 2015, once again, it was stated that the applicant exhibited, slow, antalgic gait. There was, however, no mention of the applicant using a cane, crutch, walker, or other assistive device.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] w/pool program, six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships; Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: No, the request for six-month [REDACTED] membership with associated pool access/pool program was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an applicant should be instructed and/or expected to continue active therapies at home as an extension in the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 further notes that, to achieve functional recovery, the applicants must assume certain responsibilities, one of which include adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines take the position that gym memberships and/or exercise programs such as the article at issue are articles of applicant responsibility as opposed to articles of payor responsibility. The attending provider failed to furnish a clear to compelling rationale for the [REDACTED] program here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight-bearing is desirable, here, however, it did not appear that reduced weight-bearing was in fact desirable. While the applicant exhibited a slow and antalgic gait on July 31, 2015 and June 1, 2015, this was characterized as a function of pain as opposed to an indication for aquatic therapy in favor of land-based therapy and/or land-based home exercises. Therefore, the request was not medically necessary.