MAXIMUS Federal Services

Case Number:	CM15-0075240		
Date Assigned:	04/27/2015	Date of Injury:	07/24/2000
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 24, 2000. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for a "warm water pool" for independent pool exercises twice to thrice weekly x26 weeks with associated mileage and fees. Non-MTUS ODG Guidelines were invoked. A RFA form received on April 2, 2015 was also referenced, as was a progress note of March 28, 2015. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported primary issues with low back pain, 6/10, and ancillary issues with asthma. The applicant's gait had reportedly deteriorated, it was acknowledged. The applicant's depression and anxiety were worsened. The applicant had difficulty taking care of personal hygiene, it was acknowledged. The applicant was asked to continue Celebrex. The applicant's complete medication list reportedly include oxycodone, Protonix, calcium, melatonin, Celebrex, topical compounds, Lidoderm patches, Voltaren gel, immodium, Lidex, Diovan, and estrogen. The applicant's gait was not visually observed in the clinic, it was incidentally noted. On March 20, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant was moving slowly. The applicant was able to walk on her toes and heels; it was stated in another section of the note. There was tenderness about the sacroiliac joints. Ongoing complaints of low back pain were noted. The applicant reported pain and stiffness. A warm water pool prescription for independent pool exercise twice or thrice a week for 26 weeks with associated mileage and fees was proposed. The applicant's work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Warm water pool for independent pool exercise, twice to thrice weekly for 26 weeks, with mileage and fees: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy; Exercise Page(s): 98; 22; 46-47.

Decision rationale: No, the request for a warm water pool for independent pool exercise twice to thrice weekly for 26 weeks, with associated mileage and fees was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant's are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Page 83 of the ACOEM Practice Guidelines likewise notes that, to achieve functional recovery, applicants must assume certain responsibilities one of which includes adhering to and maintaining exercise regimens. Thus, both pages 83 of the ACOEM Practice Guidelines and page 98 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouse the position that exercise regimens and the like are articles of applicant responsibility as opposed to articles of payor responsibility. 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, in this case, however, it was not clearly stated that reduced weight bearing was, in fact, desirable. The applicant was described as able to walk on her toes and heels, albeit slowly. As of the March 20, 2015 office visit on which the pool membership/pool therapy was sought. It was not clearly established, thus, that reduced weight bearing was desirable here. Finally, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines states that there is evidence to support the recommendation of any one particular form of exercise over another. Here, the attending provider did not clearly state whether or not the applicant had in fact attempted to perform home exercises on her own accord and/or had been unable to do so, without the warm water pool prescription at issue. Therefore, the request was not medically necessary.