

Case Number:	CM13-0040271		
Date Assigned:	12/20/2013	Date of Injury:	06/05/2007
Decision Date:	01/22/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old male with a date of injury of 06/05/2007. According to progress report dated 09/13/2013, the patient presents with ongoing symptoms related to his lower back. He has responded well with aquatic pool therapy, and the patient notes his pain is better controlled. Objective findings noted tenderness at the lumbosacral junction as well as superior iliac crest and along the bilateral sciatic notch. There is tenderness bilaterally in the sciatic joint and motor strength is difficult to assess due to "giveaway weakness." According to progress report dated 01/09/2013; the patient has ongoing intractable pain in his low back on the right side. Examination revealed "focal tenderness at L1 through L5 more so on the upper aspects of the lumbar spine. There is also a focal area of tenderness along the right sacroiliac region as well as right flank." The diagnoses are status post L4-L5 laminectomy and transforaminal interbody fusion, 2012; early adjacent segment disease at L3-S1; and sacroiliitis, right side confirmed by sacroiliac joint block performed on 03/21/2012 and 03/06/2013. Treatment plan is for patient to continue with self-directed pool therapy program. The request is for a 1-year gym membership and transportation to and from doctors' appointments. The Utilization Review denied the request on 10/11/2013.

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 for pool therapy: 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, Gym Memberships

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 chapter, Gym memberships

Decision rationale: This patient presents with ongoing low back pain. The current request is for 1-year gym membership for pool therapy. According to progress reported dated 09/13/2013, the patient's pain is better controlled with aquatic therapy. Regarding gym memberships, Official Disability Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, Official Disability Guidelines does not support one type of exercise over another. The treating physician does not discuss weight bearing issues that may warrant aquatic therapy. Furthermore, Official Disability Guidelines generally does not support gym memberships as medical treatments. The requested gym membership for pool therapy is not medically necessary.

Transportation to and from doctor appointments: 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), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Transportation (to & from appointments); AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: This patient presents with ongoing low back pain. The current request is for transportation to and from doctor appointments. Official Disability Guidelines, under the Knee & Leg chapter for Transportation (to & from appointments), recommend transportation "for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation, "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Official Disability Guidelines and AETNA Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. The treating physician has provided no discussion as to why the patient requires such assistance. Examination and the diagnoses do not show deficits that compromises the patient's ability to drive or take public

transportation. There is no discussion regarding social situation either. This request is not medically necessary.