

<b>Case Number:</b>	CM13-0010071		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	11/03/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old male who reported an injury on 11/03/2006, reportedly while lifting 2 large pieces of meat at the same time, the injured worker slipped and fell to a seated position. The injured worker's treatment history included MRI studies, medications and physical therapy. The injured worker was evaluated on 07/12/2013 and it was documented that the injured worker completed the fifth week in the [REDACTED] and continued working towards medical and functional goals. [REDACTED] was designed to teach the injured worker that self-management rather than medical management was possible and desirable. The injured worker demonstrated body mechanics intermittently, increased exercise, task persistent, pacing avoiding pain, contingent rest intermittently, ignoring pain intermittently, avoiding guarding intermittently, using relaxation techniques, using positive self-statements, and avoiding catastrophizing intermittently. The injured worker complained of increased pain from the middle or lower back down to the sacral region. On physical examination, there was tenderness in the middle of the lower lumbar spinous process. The injured worker's pain increased with prolonged sitting, standing, or walking, and the injured worker felt that the pain was currently worse than it had been. The provider noted the injured worker continued to demonstrate improvement in all tolerances except for sitting due to increased lower back pain. The provider noted that the injured worker was near the end of his treatment in the direct [REDACTED] and the provider believed that the injured worker would benefit from transition into [REDACTED]. Diagnoses included discogenic low back pain and degenerative joint disease of the lumbar spine. The Request for Authorization dated 07/18/2013 was for 4 months of [REDACTED], 1 call weekly for 4 months and one 4-hour assessment at the end of the 4 months, and for therapeutic ball and ankle weights.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**4 MONTHS OF [REDACTED] 1 CALL WEEKLY FOR 4 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for general use of multidisciplinary pain management programs Page(s): Page 31- 32.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identify criteria for general use of multidisciplinary pain management programs. Total treatment duration of [REDACTED] [REDACTED] should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, child care, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans, improvement outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the provider noted the injured worker would benefit by transitioning to [REDACTED] [REDACTED] for goal attainment monitoring. However, monitoring does not represent a skilled need. As such, the request is not medically necessary.

**ONE 4 HOUR RE-ASSESSMENT AT THE END OF THE 4 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines general use of multidisciplinary pain management programs Page(s): Page 31- 32.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identify criteria for general use of multidisciplinary pain management programs. Total treatment duration of [REDACTED] [REDACTED] should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, child care, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans, improvement outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the provider noted the injured worker would benefit by transitioning to [REDACTED] [REDACTED] for goal attainment monitoring. However, monitoring does not represent a skilled need. As such, the request is not medically necessary.

**THERAPEUTIC BALL 65CM, ANKLE WEIGHTS 2LBS X 2, 5LB X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise & Physical Medicine Page(s): 46 & 98-99.

**Decision rationale:** The MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The guidelines state for a home exercise kit there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In addition, there was a lack of evidence of the injured worker attending any physical therapy. Given the above, the request is not medically necessary.