

<b>Case Number:</b>	CM13-0029169		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, 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:

This is a 60-year old gentleman with a date of injury of 8/13/04. He has mechanism of injury of cumulative trauma from very heavy work as a salesperson and driver for [REDACTED]. The patient has multiple diagnoses, including axial low back pain, lumbar degenerative disc disease, lumbar myofascial pain, lumbar radiculopathy, s/p right shoulder surgery in 2004, s/p left hip surgery in 1986, cervical degenerative disc disease with right upper extremity radiculopathy, lumbar strain and severe depression. In August of 2013, the patient participated in a Functional Restoration Program. Part of the educational goals are noted to teach the patient self - management rather than rely on medical management. On completion of the program, the patient had increased independence in exercise and functional activities. On completion of the program "interdisciplinary remote care services" for 4 months is recommended. Request is also made for psychological follow-up x 10 and exercise equipment. This was submitted to Utilization Review on 9/03/13 and recommendation was made for non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOUR MONTHS OF HELP REMOTE CARE WITH REASSESSMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs Page(s): 30-34.

**Decision rationale:** For patients who meet criteria for a Functional Restoration Program (FRP), guidelines only recommend an initial 2-week trial (10 days), with total duration generally not exceeding 4 weeks (20 days). This patient has completed an extensive multi-disciplinary program, and there is no clear medical necessity for ongoing FRP follow-up on completion of the program. Any follow-up needs should be addressed by the PTP. Medical necessity for HELP remote care is not established.

**PSYCHOLOGICAL SUPPORT 10 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Program (FRP)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** For patients who meet criteria for a Functional Restoration Program (FRP), guidelines only recommend an initial 2-week trial (10 days), with total duration generally not exceeding 4 weeks (20 days). This patient has completed an extensive multi-disciplinary program, and psychologic sessions with a psychologist are included in this intensive program. By 8/02/13, his mood was stable. There is no clear need for ongoing psychologic sessions x 10, in a patient who has completed an intense program of psychologic intervention in context of a multidisciplinary FRP, whose goals were to reduced dependence on healthcare visits. Medical necessity for additional psychology sessions x 10 was not established.

**EXERCISE EQUIPMENT 55CM GYM BALL, STRETCH OUT STRAP, CERVICAL PILLOW, DUMBBELLS 5LBS AND 8 LBS, BALANCE PAD AND OCCIPITAL FLOAT:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Exercise; Neck and Upper Back, Pillow.

**Decision rationale:** The CA MTUS and ACOEM are silent on home exercise equipment, therefore, consider ODG. Guidelines highly support home exercise programs. While ODG recognizes that elaborate personal care, such as gym memberships and advanced home exercise equipment are not necessary, I would not consider these items in the category of "advanced" home exercise equipment. These simple items may help facilitate the patient's home exercise program. Medical necessity for this equipment has been established.