

Case Number:	CM14-0005349		
Date Assigned:	02/05/2014	Date of Injury:	07/02/2011
Decision Date:	07/14/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 & 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:

Patient is a 33-year-old male who has submitted a claim for degenerative disc disease of the lumbar spine, post laminectomy syndrome, opioid dependence, and mild depression associated with an industrial injury date of July 2, 2011. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to the lower extremities, associated with numbness. Aggravating factors included coughing and sneezing. This resulted to difficulty in doing self-care, prolonged sitting, and walking. Physical examination revealed tenderness over the paralumbar muscles, restricted range of motion of the lumbar spine, and diminished sensation on the L5 dermatome. Straight leg raise test at the right elicited pain into the back; straight leg raise test at the left resulted to pain radiating to the calf. Motor strength of left extensor hallucis longus was graded 4/5. Integrative summary report from [REDACTED], dated January 3, 2014, cited that functional goals met were: increased pushing/pulling capacity of 40 pounds, increased lifting/carrying capacity to 30 pounds, and increased walking capacity to 60 minutes. Negative predictors of success included: negative relationship with employer, work adjustment, psychosocial distress, financial difficulty, and smoking. Treatment to date has included six weeks of functional restoration program, L4 to L5 discectomy on 10/18/11, physical therapy, use of a TENS unit, massage, trigger point injections, and medications such as Norco, ibuprofen, and paroxetine. Utilization review from January 9, 2014 denied the requests for four months of health education for living with pain (help) program with one weekly call and one reassessment visit, four hours because there was no compelling reason to override cited guidelines and there was no evidence found for greater ongoing functional benefits with the use of such aftercare programs. The requests for foam log, one pair of adjustable cuff weight, safety exercise ball, stretch strap, thera-cane, one pair of 15 pounds dumbbells, and one pair of 5

pounds dumbbells were likewise denied because there were no rationale for the equipment or details concerning home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR MONTHS OF HEALTH EDUCATION FOR LIVING WITH PAIN (HELP) PROGRAM WITH ONE WEEKLY CALL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful, patient has significant loss of ability to function independently, patient is not a candidate for surgery, patient exhibits motivation to change, and negative predictors of success have been addressed. Total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the rationale for extending treatment is to transition from HELP direct treatment and recommends ongoing education in the treatment of chronic pain. Patient has recently completed interdisciplinary treatment program with noted medical progress and functional improvements. Functional goals met were: increased pushing/pulling capacity of 40 pounds, increased lifting/carrying capacity to 30 pounds, and increased walking capacity to 60 minutes. The patient has met the goals for the functional restoration program and the only documented goal for remote care is to increase core and posture activation during work simulation from 75% to 100%. There is no compelling indication to extend the program for four months if there is a solitary goal to be achieved. Moreover, the patient has completed 6 weeks of program; however, the exact number of treatment sessions per week was not specified. Additional treatment may exceed guideline recommendation. The medical necessity was not established. Therefore, the request for four months of health education for living with pain (help) program with one weekly call is not medically necessary.

ONE REASSESSMENT VISIT, FOUR HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The request for extension of HELP program has been deemed not medically necessary; therefore, the dependent request for one reassessment visit, four hours is likewise not medically necessary.

FOAM LOG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for foam log is not medically necessary.

ONE PAIR OF ADJUSTABLE CUFF WEIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient

demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly of the exercise equipment in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one pair of adjustable cuff weight is not medically necessary.

SAFETY EXERCISE BALL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly of the exercise equipment in order to achieve his goals. Guideline criteria were not met. Therefore, the request for safety exercise ball is not medically necessary.

STRETCH STRAP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can

withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly of the exercise equipment in order to achieve his goals. Guideline criteria were not met. Therefore, the request for stretch strap is not medically necessary.

THERA-CANE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly of the exercise equipment in order to achieve his goals. Guideline criteria were not met. Therefore, the request for Thera-Cane is not medically necessary.

ONE PAIR OF 15 POUNDS DUMBBELLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly of the exercise equipment in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one pair of 15 pounds dumbbells is not medically necessary.

ONE PAIR OF 5 POUNDS DUMBBELLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. The exercise kit has been well documented and itemized with a purpose and intent for the patient. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly of the exercise equipment in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one pair of 5 pounds dumbbells is not medically necessary.