

<b>Case Number:</b>	CM14-0006161		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	09/19/2000
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 and Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 09/19/2000, secondary to heavy lifting. The current diagnoses include lumbar spondylosis, myofascial pain, and moderate depression. An integrative summary report was submitted on 12/13/2013. The injured worker has participated in an unknown amount of functional restoration program sessions. The injured worker completed the very last week of the program between 12/09/2013 and 12/13/2013. It is noted that the injured worker was doing well on the current medication regimen, only utilizing 1 tablet of Advil at nighttime for pain on an as needed basis. The injured worker was also able to increase activity tolerance. Continued participation in the HELP functional restoration day program was recommended at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 (FOUR) MONTHS HELP REMOTE CARE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that them at risk of delayed recovery. An adequate and thorough evaluation should be made. Total treatment duration should generally not exceed 20 full day sessions. As per the documentation submitted, the injured worker has participated in a functional restoration program. The injured worker recently completed the program on 12/13/2013. The injured worker has been able to increase activity tolerances. The injured worker has also been able to tolerate over-the-counter medication on an as needed basis for pain. The medical necessity for ongoing treatment in an interdisciplinary program has not been established. The current request for 4 months of treatment would exceed Guideline recommendations. Based on the clinical information received, the request for 4 (four) months HELP remote care is non-certified.

**REDUCED INTENSITY INTERDISCIPLINARY PAIN TREATMENT: 1 WEEKLY CALL INTERDISCIPLINARY REASSESSMENT, 1 VISIT 4 HOURS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** As the injured worker's HELP Remote Care Program has not been authorized, the associated request is also not medically necessary. Therefore, the request for reduced intensity interdisciplinary pain treatment: weekly call interdisciplinary reassessment, 1 visit 4 hours, is non-certified.

**FOAM ROLL, PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for foam roll purchase is non-certified.

**ADJUSTABLE CUFF WEIGHTS (10LBS), PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for adjustable cuff weights (10lbs) purchase is non-certified.

**NORCO SAFETY EXERCISE BALL (65CM), PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for Norco safety exercise ball (65cm) purchase is non-certified.

**AGILITY LADDER (30 FEET), PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for agility ladder (30feet) purchase is non-certified.

**THERACANE, PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for theracane purchase is non-certified.

**1 PAIR OF DUMBBELLS (10 LBS), PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for dumbbells (10lbs) purchase is non-certified.

**1 PAIR OF DUMBBELLS (5LBS), PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for dumbbells (5lbs) purchase is non-certified.

**STRETCH OUT STRAP, PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It should be primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. There is no documentation of a comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to a more traditional self-directed home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for stretch out strap purchase is non-certified.