

<b>Case Number:</b>	CM14-0143254		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Internal Medicine and is licensed to practice in Georgia. 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 48-year-old male with a reported date of injury on 05/12/2010. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include chronic low back and left greater than right leg pain, opioid dependence, and lumbar degenerative disc disease. His previous treatments were noted to include the [REDACTED] program, medications, and physical therapy. The [REDACTED] Functional Restoration Program progress note dated 08/08/2014 revealed the injured worker had completed 6 weeks of the functional restoration program. The provider indicated the injured worker had completed his program and had done very well by reducing his opioid consumption from 6 Norco tablets daily down to 1 to 2 tablets as needed. The injured worker had increased his physical activity capacity to the point of where the initial goals were those of improvements and daily activities of life and now focused on returning to work. The injured worker reported he had found alternative work, which would start at the end of August. The provider indicated the injured worker's medical goal was education about the cause and meaning of his pain and comorbidities to aid in the understanding of how the pain could occur in the absence of ongoing harm, as well as education on self management as an alternative to provider or medical resource dependent management. The provider indicated from a psychosocial aspect, the injured worker actively participated in the pain scales components of the program for that week, and as a result was able to have an increased understanding of what pain was and learned the distinction between acute and chronic pain. The injured worker had participated in all physical components and continued to respond well to the added volume of exercise repetitions to the program. The provider indicated in regard to the functional goals, the injured worker was able to increase most of his tolerances and had met lifting/carrying and pushing/pulling goals for the week. The provider indicated the injured worker had increased his tolerance in walking from 45 minutes to 60 minutes, and lifting

and carrying from 35 pounds to 50 pounds. The provider indicated he recommended the injured worker be enrolled in the [REDACTED] to help transition his full exercise program into his daily routine, and keep him motivated to maintain social and community outlets. The provider indicated the injured worker had met his lifting/carrying goal and walking goal. The provider indicated the injured worker's lifting/carrying goal would be upgraded to 50 pounds, and his walking would be upgraded to 60 minutes continuously. The provider indicated the goals were chosen after careful assessment of the injured worker's base line functional testing, which included the stated abilities to perform the activities of daily living and usual work functions that had been affected by chronic pain. The Request for Authorization form was not submitted within the medical records. The request was for 1 pair of dumbbells (10 pounds), 1 pair of dumbbells (5 pounds), a Theracane, a Norco safety exercise ball (65 cm), 1 pair of adjustable cuff weights (10 pounds), a stretching strap, an office interdisciplinary reassessment (1 visit for 4 hours), and [REDACTED] for 4 months; However, the providers rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 pair of dumbbells (10lbs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercises Page(s): 46-47.

**Decision rationale:** The request for 1 pair of dumbbells (10 pounds) is not medically necessary. The injured worker completed 6 weeks of the [REDACTED] Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines state 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines do not recommend 1 form of exercise over another, and a home exercise program can be performed with or without assistive devices. Therefore, the request is not medically necessary.

#### **1 pair of dumbbells (5lbs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercises Page(s): 46-47.

**Decision rationale:** The request for 1 pair of dumbbells (5 pounds) is not medically necessary. The injured worker completed 6 weeks of the [REDACTED] Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines state 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines do not recommend 1 form of exercise over another, and a home exercise program can be performed with or without assistive devices. Therefore, the request is not medically necessary.

**Theracane:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Durable Medical Equipment.

**Decision rationale:** The request for a Theracane is not medically necessary. The injured worker is participating in a home exercise program. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need, and if an advisor system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. These guideline criteria for defined durable medical equipment are that it can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally, it is not useful to a person in the absence of an illness or injury, and is appropriate for use in the patient's home. The Theracane is a messaging device; however, it is not medically necessary. The Theracane does not serve a medical purpose as it is primarily used for comfort. Therefore, the request is not medically necessary.

**Norco safety exercise ball (65 cm):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercises Page(s): 46-47.

**Decision rationale:** The request for Norco safety exercise ball (65 cm) is not medically necessary. The injured worker completed 6 weeks of the [REDACTED] Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines state 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines do not recommend 1 form of exercise over another, and a home exercise program can be performed with or without assistive devices. Therefore, the request is not medically necessary.

**1 pair of adjustable cuff weights (10lbs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercises Page(s): 46-47.

**Decision rationale:** The request for 1 pair of adjustable cuff weights (10 pounds) is not medically necessary. The injured worker completed 6 weeks of the [REDACTED] Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines state 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines do not recommend 1 form of exercise over another, and a home exercise program can be performed with or without assistive devices. Therefore, the request is not medically necessary.

**Stretching strap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercises Page(s): 46-47.

**Decision rationale:** The request for a stretching strap is not medically necessary. The injured worker completed 6 weeks of the [REDACTED] Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines state 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines do not recommend 1 form of exercise over another, and a home exercise program can be performed with or without assistive devices. Therefore, the request is not medically necessary.

**Office interdisciplinary reassessment (1 visit for 4 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31.

**Decision rationale:** The request for office interdisciplinary reassessment (1 visit for 4 hours) is not medically necessary. The injured worker has completed 6 weeks of the functional restoration program. The California Chronic Pain Medical Treatment Guidelines state interdisciplinary pain programs involve a team approach that is outcome focused and coordinated and offers goal oriented interdisciplinary services. Communication on the minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a functional restoration program, with a major emphasis on maximizing function versus minimizing pain. The types of treatment suggested for interdisciplinary care include the following services delivered in an integrated fashion: physical treatment, medical care and supervision, psychological and behavior care, psychosocial care, location of rehabilitation and training, and education. The predictors of success and failure of treatment, as well as negative predictors of the completion of programs consist of a negative relationship with the employer/supervisor, poor work adjustments and satisfaction, a negative outlook about the future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of prereferral disability time, prevalence of opioid use, and pretreatment levels of pain. The injured worker completed 6 weeks of the functional restoration program, decreased his daily Norco down to 1 to 2 daily, and met his functional goals. The medical necessity of a high complexity visit has not been established. Therefore, the request is not medically necessary.

**remote care for 4 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration/Exercise Page(s): 30-32, 40, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Outpatient Pain Rehabilitation Programs Page(s): 31-32.

**Decision rationale:** The request for [REDACTED] remote care for 4 months is not medically necessary. The guidelines criteria for the general use of multidisciplinary pain management programs for outpatient pain rehabilitation programs may be considered medically necessary when the following criteria are met; such as an adequate or thorough evaluation has been made, including base line functional testing so follow up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker has completed 6 weeks of the functional restoration program and has met his functional goals. The guidelines state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy documented by subjective and objective gains, and therefore, 4 months of remote care exceeds guideline recommendations. Therefore, the request is not medically necessary.