

Case Number:	CM14-0024574		
Date Assigned:	06/11/2014	Date of Injury:	03/02/2007
Decision Date:	08/12/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The injured worker is a 40-year-old male who reported an injury on 03/02/2007 due to an unknown mechanism. Physical examination dated 01/20/2014 revealed the injured worker complained of constant moderate to severe, burning, sharp pain that occurred in the lumbosacral region and spread to the right hip and down the right lower extremity with numbness. The injured worker also stated he had weakness in his knees. These symptoms were aggravated by prolonged standing and by weather changes. The injured worker stated that his pain was worse in the previous visit, which was on 01/07/2014 and the pain was increased by 70% to 80%. Examination revealed movement was slow and labored, and the injured worker refused to squat, claiming that it was a factor of an increased back pain. Examination of the back revealed soft tissues of normal consistency; there was no tenderness identified to palpation or percussion. There was no muscle spasm, guarding, or crepitation identified. Mechanics of motion were normal. The injured worker did not complain of pain during movement. Straight leg raise in the sitting position was to 45 degrees on the right and 90 degrees on the left with complaints of back pain when the right leg was raised beyond 45 degrees. Straight leg raise in the supine position was to 10 degrees bilaterally, with complaints of low back pain beyond that point. Range of motion for the thoracic spine revealed flexion was to 45 degrees, extension was to 0 degrees, lateral right bending was to 45 degrees, lateral left bending was to 45 degrees, right thoracic rotation was to 30 degrees, left thoracic rotation was to 30 degrees. Range of motion for the lumbar spine flexion was to 10 degrees, extension was to 10 degrees, right lateral bending was to 10 degrees, left lateral bending was to 10 degrees. Examination of the lower extremities demonstrated no restriction of motion. Motor function and strength were normal bilaterally. Prior treatment included an epidural steroid injection on 06/18/2009. Prior diagnostic studies included an EMG/NCS on 12/19/2008 which revealed denervation of the left L5 and S1 muscles

and paraspinals which was consistent with the L5 and S1 radiculopathy. Impression for this clinical visit was continued low back pain, etiology unclear, but historically and clinically resembling back strain. This examination revealed complaints of low back pain in spite of continued conservative management. The injured worker was being maintained on medication. It was also noted in the injured worker's report that the injured worker seemed to be receiving more treatment for his complaints than he really needed. Visits every 3 to 6 months were too frequent, and tended to create an atmosphere of over-concern with symptoms and dependencies on caregivers. It is unknown if the injured worker had any type of physical medicine sessions. Followup treatment for the injured worker was to follow annually for pain management and to take medications as directed. Current medications for the injured worker were baclofen 10 mg, Norco 10/325 mg, omeprazole 20 mg, Paxil 10 mg, Prozac 20 mg, and multivitamin. Diagnoses for the injured worker were right L5 versus S1 radiculopathy; lumbosacral spondylosis without myelopathy; axial low back pain; generalized deconditioning; chronic pain; and myofascial pain syndrome. The request submitted was for a TENS unit, Norco safety exercise ball, Theracane, 1 pair adjustable cuff weights, and 2 sets of dumbbells with different weights. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for a TENS unit is non-certified. The injured worker has a TENS unit and it is unclear why it needs to be replaced. The California Medical Treatment Utilization Schedule states TENS unit is not recommended as a primary treatment modality. It was not stated in the document submitted for review how long the injured worker has had the TENS unit. There is no evidence that other appropriate pain modalities have been tried and failed. A treatment plan including the short and long-term goals of treatment with the TENS unit should be submitted. It is unclear if the injured worker is requesting a 2-lead unit or a 4-lead unit. It must be documented which unit and why that unit is necessary. There was no noted statement saying why the injured worker needs his TENS unit replaced or that he was received significant benefit from the TENS unit to support continuation. Therefore, the request is not medically necessary.

NORCO SAFETY EXERCISE BALL: 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 Exercise Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The request for Norco safety exercise ball is not medically necessary. The injured worker has stated that he is walking as part of an exercise program. The California Medical Treatment Utilization Schedule states exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Progressive walking, simple strength training, and stretching improves functional status, key symptoms, and self-efficacy in patients. The guidelines also state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Norco safety exercise ball would be considered durable medical equipment. The Official Disability Guidelines states durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The guidelines also state exercise equipment is considered not primarily medical in nature. Durable medical equipment is defined as something that can withstand repeated use, i.e., or could normally be rented and used by successive patients. The equipment must be primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The Norco safety exercise ball does not meet the Official Disability Guideline criteria for durable medical equipment as it is not being requested for medical purpose. Therefore, the request is not medically necessary.

THERA-CANE: 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 Exercise Page(s): 46,47.

Decision rationale: The request for Theracane is not medically necessary. The injured worker has stated that he is walking as part of an exercise program. The California Medical Treatment Utilization Schedule states exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Progressive walking, simple strength training, and stretching improves functional status, key symptoms, and self-efficacy in patients. The guidelines also state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Theracane would be considered durable medical equipment. The Official Disability Guidelines states durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The guidelines also state exercise equipment is considered not primarily medical in nature. Durable medical equipment is defined as something that can withstand repeated use, i.e., or could normally be rented and used by successive patients. The equipment must be primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The Theracane does not meet the

Official Disability Guideline criteria for durable medical equipment as it is not being used for a medical need. Therefore, the request is not medically necessary.

ONE (1) PAIR ADJUSTABLE CUFF WEIGHTS 10LBS: 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 Exercise Page(s): 46,47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The request for 1 pair adjustable cuff weights, 10 pounds, is not medically necessary. The injured worker has stated that he is walking as part of an exercise program. The California Medical Treatment Utilization Schedule states exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Progressive walking, simple strength training, and stretching improves functional status, key symptoms, and self-efficacy in patients. The guidelines also state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The 1 pair adjustable cuff weights, 10 pounds, would be considered durable medical equipment. The Official Disability Guidelines states durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The guidelines also state exercise equipment is considered not primarily medical in nature. Durable medical equipment is defined as something that can withstand repeated use, i.e., or could normally be rented and used by successive patients. The equipment must be primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The 1 pair adjustable cuff weights, 10 pounds, does not meet the Official Disability Guideline criteria for durable medical equipment as it is not being recommended for medical reasons. Therefore, the request is not medically necessary.

ONE (1) PAIR OF DUMBBELLS 5LBS: 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 Exercise Page(s): 46,47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The request for 1 pair of dumbbells, 5 pounds, is not medically necessary. The injured worker has stated that he is walking as part of an exercise program. The California Medical Treatment Utilization Schedule states exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Progressive walking, simple strength training, and stretching improves functional status, key symptoms, and self-efficacy in patients.

The guidelines also state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The 1 pair of dumbbells, 5 pounds, would be considered durable medical equipment. The Official Disability Guidelines states durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The guidelines also state exercise equipment is considered not primarily medical in nature. Durable medical equipment is defined as something that can withstand repeated use, i.e., or could normally be rented and used by successive patients. The equipment must be primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The 1 pair of dumbbells, 5 pounds, does not meet the Official Disability Guideline criteria for durable medical equipment as it is not being recommended for medical reasons. Therefore, the request is not medically necessary.

ONE (1) PAIR OF DUMBELLS 8LBS: 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 Exercise Page(s): 46,47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The request for 1 pair of dumbbells, 8 pounds, is not medically necessary. The injured worker has stated that he is walking as part of an exercise program. The California Medical Treatment Utilization Schedule states exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Progressive walking, simple strength training, and stretching improves functional status, key symptoms, and self-efficacy in patients. The guidelines also state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The 1 pair of dumbbells, 8 pounds, would be considered durable medical equipment. The Official Disability Guidelines states durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The guidelines also state exercise equipment is considered not primarily medical in nature. Durable medical equipment is defined as something that can withstand repeated use, i.e., or could normally be rented and used by successive patients. The equipment must be primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The 1 pair of dumbbells, 8 pounds, does not meet the Official Disability Guideline criteria for durable medical equipment as it is not being recommended for medical reasons. Therefore, the request is not medically necessary.