

Case Number:	CM14-0030637		
Date Assigned:	06/20/2014	Date of Injury:	06/02/1999
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59 year-old with an injury date on 6/2/99. Based on the 2/19/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar disc displacement without myelopathy. 2. Degeneration lumbar disc. 3. Depression with anxiety. 4. Unspecified major depression, recurrent episode. Most recent physical exam of L-spine on 1 2/3/13 showed "sensation intact to light touch/pinprick bilaterally to lower extremities. A straight leg raise test positive on left/right. Spasm and guarding noted in L-spine. Lumbar motor strength 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion, and extensor hallicus longs." [REDACTED] is requesting exercise ball qty 1. The utilization review determination being challenged is dated 2/28/14 and rejects request as records do not indicated why exercise ball would be necessary. [REDACTED] is the requesting provider, and there were treatment reports from 12/3/13 to 6/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Ball, QTY: 1: Overturned

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

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

Decision rationale: This patient presents with lower back pain radiating to buttocks/thighs. The treater has asked exercise ball quantity 1 on 2/19/14. Review of the 12/3/13 report shows patient purchased a crunch machine for abdominal exercises and regimen of 3 sets of 10 repetitions severely flared up his back. 2/19/14 report shows patient recently underwent functional restoration program (FRP) which recommended usage of resistance bands and exercise ball for HEP, and patient currently only owns exercise bands. Regarding durable medical equipment, ODG guidelines state: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." In this case, the treater has asked for an exercise ball for a home exercise program particularly for abdominal exercises to strengthen lower back. Requested exercise ball is medically reasonable and meets ODG criteria for durable medical equipment. Recommendation is for authorization.