

Case Number:	CM14-0032175		
Date Assigned:	06/20/2014	Date of Injury:	04/22/1999
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 48-year-old female with a date of injury of 04/22/1999. The listed diagnoses per [REDACTED] are Myofascial pain syndrome; Chronic pain; Right lumbar radiculopathy at L5 versus S1. On 02/14/2014, [REDACTED] reviewed the functional restoration program summary report. This report indicates the patient was nearing the end of a Functional Restoration Program and that she would benefit from "after care or remote care." The report recommended continuing with the home exercise program including a BOSU ball, foam roller, a pair of adjustable weights, safety exercise ball, agility ladder, TheraCane, two pairs of dumbbells, a stretching strap, and a TheraBand exercise mat. Per treating physician, the patient has been authorized 6 weeks in which five weeks have been completed. In accordance with the patient's planned transition out of the [REDACTED] program, the treating physician requests authorization for 4 months of [REDACTED] remote care. He also recommends durable medical equipment to assist in a home exercise program. Utilization review denied the request on 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] program; four (4) months of remote care with interdisciplinary reassessment:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) (MTUS pgs 30-32).

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician is requesting 4 months of participation in [REDACTED] remote care for continued support and guidance. The MTUS guidelines pages 30-33 states the following under chronic pain programs (functional restoration programs):

"Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this case, the patient has already completed a 6-week program. MTUS does not provided for an extended program following a full course of functional restoration. Continued monitoring of the patient's condition should be carried out by the patient's primary treating physician via regular visitations. In addition, it is unclear why the patient would not be able to apply what he has learned within the 6 week [REDACTED] program after discharge. Recommendation is the request is not medically necessary.

Foam log (36inx6in): Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss durable medical equipment. However, ODG lumbar chapter under exercise states the following: "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

BOSU ball: Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment.

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

1 pair of adjustable cuff weights (10lbs): Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

Norco safety exercise ball (55cm): Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and

ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

Gility ladder (30ft): Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine. (Kell, 2009)" ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

Thera Cane: Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Theracane.com.

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended a TheraCane "for the

performance of myofascial release techniques." The MTUS, ACOEM and ODG guidelines do not discuss Theracane massager in specific. A search on the web (Theracane.com) states Theracane massager is a hand held deep pressure self-massager, described as "easy to apply pain-relieving deep compression directly to hard, knotted trigger points anywhere they occur." ODG guidelines under massage states, "Mechanical massage devices are not recommended." Theracane is a hand held cane shaped massager with six ball points. The non-mechanical massager allows the patient to self-use to apply pressure and massage muscles. The theracane is a simple and cost effective tool for patients to self massage. Recommendation is that the request is medically necessary.

1 pair of dumbbells (5lbs): Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: This patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

1 pair of dumbbells (8lbs): Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: This patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell,

2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

Stretching strap: Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.

Thera-Band Exercise Mat: Overturned

Claims Administrator 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 and Leg Chapter, Durable Medical Equipment (DME).

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

Decision rationale: The patient was nearing the end of a 6 week Functional Restoration Program with marked improvement. The treating physician recommended "medical equipment to continue making functional improvements in her home exercise program." The MTUS and ACOEM Guidelines do not discuss Durable medical equipment. However, ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine (Kell, 2009)." ODG supports resistance training using load-bearing exercise equipment. Recommendation is that the request is medically necessary.