

<b>Case Number:</b>	CM14-0034541		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Nevada. 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 38-year-old who was reportedly injured on November 25, 2011. The mechanism of injury was noted as a slip and fall type event. A low back injury was noted. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a normotensive, 217 pound individual who was in no apparent distress. There was tenderness to palpation, and a slightly reduced lumbar spine range of motion was noted. Straight leg raising was reported to be negative. Diagnostic imaging studies were referenced, but the results were not presented for review. A request had been made for interdisciplinary pain management over a four-month period and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remote care reduced intensity interdisciplinary pain treatment for four months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 48.

**Decision rationale:** The most recent progress note indicates that the injured employee has "completed functional restoration program." There were ongoing complaints of axial low back pain. The injured employee continues to work doing form type of labor. Given that a permanent stationary status was noted and that the injured worker was able to work twelve to fourteen hours per day and there were no noted restrictions, there was no clinical indication for additional pain management interventions. As such, there is no medical necessity for this reassessment. The request for remote care reduced intensity interdisciplinary pain treatment for four months is not medically necessary or appropriate.

**One re-assessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 48.

**Decision rationale:** The most recent progress note indicates that the injured employee has "completed functional restoration program." There were ongoing complaints of axial low back pain. The injured employee continues to work doing some form of type of labor. Given that a permanent stationary status was noted and that the injured worker was able to work twelve to fourteen hours per day, and there were no noted restrictions, there was no clinical indication for additional pain management interventions. The request for one reassessment is not medically necessary or appropriate.

**One pair of adjustable weights (20#):** 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 48.

**Decision rationale:** The most recent progress note indicates that the injured employee has "completed functional restoration program." There were ongoing complaints of axial low back pain. The injured employee continues to work doing some form of type of labor. Given that a permanent stationary status was noted and that the injured worker was able to work twelve to fourteen hours per day and there were no noted restrictions, there was no clinical indication for additional pain management interventions. The request for one pair of adjustable weights (20#) is not medically necessary or appropriate.

**BOSU balance trainer:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 48.

**Decision rationale:** The most recent progress note indicates that the injured employee has "completed functional restoration program." There were ongoing complaints of axial low back pain. The injured employee continues to work doing some form of type of labor. Given that a permanent stationary status was noted and that the injured worker was able to work twelve to fourteen hours per day and there were no noted restrictions, there was no clinical indication for additional pain management interventions. The request for BOSU balance trainer is not medically necessary or appropriate.

**SPR Xerball medicaine ball:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 48.

**Decision rationale:** The most recent progress note indicates that the injured employee has "completed functional restoration program." There were ongoing complaints of axial low back pain. The injured employee continues to work doing some form of type of labor. Given that a permanent stationary status was noted and that the injured worker was able to work twelve to fourteen hours per day and there were no noted restrictions, there was no clinical indication for additional pain management interventions. The request for SPR Xerball medicine ball is not medically necessary or appropriate.