

Case Number:	CM14-0067678		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2012
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 09/12/2012. The mechanism of injury was not provided. On 01/20/2014, the injured worker presented with bilateral upper extremity pain. Treatment included physical therapy, injections, and medications. Upon examination of the cervical spine there was pain with full range of motion and tenderness to palpation posteriorly. The diagnoses were chronic bilateral upper extremity pain with repetitive stress disorder. An MRI of the cervical spine, from 05/10/2013, revealed left paracentral disc herniation at C5-6 with a broad-based disc posterior herniation at C6-7. The provider recommended a foam roller. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 Foam Roller: 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.

Decision rationale: The California MTUS Guidelines recommend exercise and there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. In this case, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is no evidence that the injured worker cannot address mobility issues through other home stretching/exercise means. As the guidelines do not recommend 1 exercise regimen over another, the foam roller would not be indicated. As such, the request for 1 foam roller is not medically necessary and appropriate.