

<b>Case Number:</b>	CM14-0085492		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old male who was injured on 12/11/2000. He was diagnosed with lumbar sprain, spondylolisthesis lumbar spine, lumbar disc bulges, and lumbar radiculopathy. He had been treated with oral analgesics, antidepressants, sleep aids, H-wave device, and exercise. He was able to return to work with restrictions. The worker was seen on 3/20/14 for a follow-up with his primary treating physician reporting using Tramadol, Ibuprofen, and Zolpidem as needed and that his overall lower back pain was at a 3/10 on the pain scale without medication and 1/10 with Tramadol use. He reported using an inversion table at home and his H-wave device once a week at home. He was then recommended to use an elliptical machine at home, continue his medications and H-wave device as needed, and get an ergonomic work station evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elliptical machine for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Exercise pp. 46-47 Page(s): 46-47.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic back pain as it has strong evidence for its effectiveness. Exercise should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. The ODG also recommends exercise for acute and chronic back pain, with chronic back pain requiring more intensive exercising. While home exercise programs are of course recommended, advanced home exercise equipment are not covered under the ODG recommendations, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In the case of this worker who has reportedly mild pain, exercise should be one of the main therapy modalities, however, there is no need for special equipment to do such, and there is no evidence seen from the documents provided that an elliptical machine is specifically required in order to achieve benefit on the lower back and is not medically necessary.