

Case Number:	CM14-0199691		
Date Assigned:	12/10/2014	Date of Injury:	01/22/2012
Decision Date:	03/02/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old male who sustained a work related injury on January 22, 2012. The mechanism of injury was a slip and a fall. The injured worker was noted to have displacement of a lumbar intervertebral disc without myelopathy. The injured worker underwent a lumbar fusion at the lumbar four-lumbar five and lumbar five-sacral one levels on September 9, 2013. A chiropractic report dated October 22, 2014 notes that the injured worker reported lumbosacral pain rated at a level of seven to eight out of ten on the Visual Analogue Scale. Physical examination of the lumbar spine revealed tenderness and spasms over the paravertebral area and the sacroiliac joint. Range of motion was decreased. It was also noted that the injured workers hamstrings and the gluteal muscles were tight. Prior treatment has included medications and ice treatments, which did not help. The injured worker walks and does exercises three to four times per week. Diagnoses included status post lumbar spine fusion flare-up, myospasms flare-up and tight leg muscles. Work status was modified. The treating physician requested a foam roller for purchase to stretch the quadriceps and gluteal muscles. Utilization Review evaluated and denied the request on October 29, 2014. The request for the foam roller was denied due to lack of documentation as to why foam rollers would be necessary over standard stretches. Based on the Official Disability Guidelines the medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foam Roller: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Low Back Chapter, Exercise

Decision rationale: The patient presents with increased lumbosacral spine pain over the previous two weeks rated 7-8/10. The current request is for foam roller per the 10/23/14 RFA and 10/22/14 report. The MTUS, Exercise, page 46, 47 states, recommended there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG guidelines, Low Back Chapter, Exercise, states, recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. Post-surgical (discectomy) rehab: A recent Cochrane review concluded that exercise programs starting 4-6 weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment; the 10/22/14 report states that the patient has tried medications, walking exercise and ice for his increased pain. The treatment plan recommends 2x3 deep tissue work and stretching to L/S, gluts...since the pt was L/S Fusion this is very common. In this case, exercise is supported by guidelines and the requested foam roller may be very beneficial as a treatment for the patient's painful condition. The request appears reasonable and is medically necessary.