

<b>Case Number:</b>	CM15-0004809		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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:

The injured worker is a 39-year-old male who reported an injury on 12/28/2012. The mechanism of injury occurred while he was stacking and running up and down a ramp. His diagnoses included degenerative disc disease at the L4-5 and L5-S1, left sided lumbar radiculopathy, and chronic low back pain. Past treatments included medications, psychiatry, injections, a home exercise program, chiropractic treatment, behavioral medicine, and [REDACTED]. On 12/19/2014, the injured worker indicated his pain was constant, rated as 4/10 with current medications and 5/10 to 6/10 after exercise. The injured worker also described his functional limitations as sitting no more than 30 minutes at a time, and lifting, carrying, and pushing less than 40 pounds. The physical examination revealed a normal gait and no detectable weakness on manual muscle testing. The injured worker had tightness in the paraspinal muscles and limited range of motion in the lumbar spine. The reflexes were indicated to be diminished; however, there was a negative straight leg raise and no visible muscle atrophy. His medications included Lyrica 150 mg and Norco 10/325 mg. The treatment plan included a reassessment x1 visit, 4 hours. A rationale was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reassessment X 1 Visit, 4 Hrs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** The Reassessment X 1 Visit, 4 Hrs is not medically necessary. According to the California MTUS Guidelines, chronic pain management program, state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker was indicated to have completed his functional restoration program. The treating physician indicated he was waiting for the results of the program for ongoing treatment considerations. As there was a lack of a clear rationale to indicate medical necessity for reassessment and lack of documented subjective and objective gains, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**DME: Stretch Out Strap, 1 pair of adjustable cuff weights (5 lbs.), 3 foam rollers (6x36 in), 1 pair of dumbbells (15 lbs.) 1 pair of dumbbells (25 lbs.):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back, Web Edition

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

**Decision rationale:** The request for DME: Stretch Out Strap, 1 pair of adjustable cuff weights (5 lbs.), 3 foam rollers (6x36 in), 1 pair of dumbbells (15 lbs.) 1 pair of dumbbells (25 lbs.) is not medically necessary. According to the Official Disability Guidelines, DME is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in a patient's home. The injured worker was indicated to have chronic back pain and to have completed a functional restoration program and to have been independent with a home exercise program. However, there was a lack of documentation to make a medical necessity or a clear rationale for the use of adjustable cuff weights, foam rollers, and pair of dumbbells. However, DME: Stretch Out Strap, 1 pair of adjustable cuff weights (5 lbs.), 3 foam rollers (6x36 in), 1 pair of dumbbells (15 lbs.) 1 pair of dumbbells (25 lbs.) does not serve a primary medical purpose. Therefore, it would not fall within the definition of durable medical equipment per Official Disability Guidelines. As such, the request is not medically necessary.