MAXIMUS Federal Services

Case Number:	CM15-0167879		
Date Assigned:	09/08/2015	Date of Injury:	08/05/2014
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 34 year old female who sustained an industrial injury on 8-5-14. Initial complaint was of a slip and fall injury. The injured worker was diagnosed with long-term use of medications not otherwise classified; cervical spondylosis without myelopathy; cervical disc displacement without myelopathy; cervicocranial syndrome; headache; pain in the thoracic spine. Treatment included physical therapy; home exercise program; lumbar facet injection (7-10-15); medications. Diagnostic studies included a MRI of the cervical spine (10-8-14); MRI of the lumbar spine (4-17-15); CT scan of the head (7-21-15). Currently, the PR-2 dated 4-21-15 indicated the injured worker was in the office as a follow-up visit since being seen last on 3-17-15. She underwent a lumbar MRI on 4-17-15 and a NCS. She has been approved for additional physical therapy and it was recommended by the therapist she use a foam roller. The injured worker has purchased an exercise ball as recommended as well. She is hoping she can get assistance to purchase the foam roller because she cannot afford the cost of $40. This will help with her stretches and feels she is making some progress with physical therapy. She still has lower back pain worse in the right than left and denies any radiation of pain in her legs. She also continues with upper back and scapular pain. She reports she is getting good instruction and wants to continue with her physical therapy. She has not worked since 12-2-14 and does not feel she would be able to return to work in the prior capacity as she has difficulty with prolonged standing and bending at the waist. She also reports continued headaches that are constant in nature affecting both right and left sides equally. They radiate from the occipital region to the frontal and parietal region. Her neck pain is constant and radiates to the upper back worse on the right than left. She does report discomfort occasionally into the bilateral aspects of the

shoulders and upper arms but denies any significant numbness in the upper extremities. A MRI of the lumbar spine on 4-17-15 impression reveals minimal discogenic changes at L4-5 and L5-S1. No central or foraminal stenosis is noted but mild facet capsular thickening at L4-5. The facets are intact at L5-S1. The cervical MRI dated 10-8-14 impression reveals 1) posterolateral herniation right larger than left at C4-5 level associated with subarticular stenosis and minor mass effect on the right dorsal root ganglion. 2) Moderate to moderately severe foraminal stenosis secondary to onset of joint degenerative disease at C5-6 and C6-7. 3) Loss of normally observed cervical lordosis which may affect spinal biomechanics. On physical examination, the provider documents tenderness over the occipitalis with no evidence of scalp allodynia. She has tenderness to palpation over the posterior cervical paraspinals from C3 through C7 worse on the right. There is tenderness over the bilateral trapezii worse on the right as well as medial borders of the scapulae. She has full range of motion of the shoulders. Her gait is grossly normal with decreased sensation to pinprick at the right C7 distribution. Tenderness to palpation over the lower lumbar facet joints with pain on extension. Straight leg raise was negative bilaterally. The provider is requesting authorization of foam roller.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foam roller: Upheld

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 & Leg (updated 07/10/2015).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not medically necessary.