

<b>Case Number:</b>	CM15-0188195		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/18/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, California

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 58 year old female, who sustained an industrial injury on 6-18-2007. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy, low back pain and lumbar disc disorder. The most recent progress report dated 6-15-2015, reported the injured worker complained of neck and back pain rated 6 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed a normal gait and the lumbar region was not addressed in the notes. Treatment to date has included a coccyx injection on 1-9-2015 that provided greater than 50% pain relief. The physician is requesting a home exercise ball for a lumbar home exercise program. On 9-23-2015, the Utilization Review noncertified the request for exercise ball 55 cm for lumbar home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise ball 55cm for lumbar HEP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the guidelines physical therapy and home exercise are appropriate in a home setting. There are no specific guidelines addressing an exercise ball. However, there is no indication of medical necessity or inability to perform back exercises with other modalities. The request for an Exercise ball is not a medical necessary.