

<b>Case Number:</b>	CM15-0192119		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old male, who sustained an industrial injury on 9-8-10. The injured worker was diagnosed as having degeneration of lumbar disc, myalgia and myositis unspecified and joint pain lower leg. The physical exam (3-10-15 through 4-8-15) revealed 5 out of 10 pain at best and 9 out of 10 pain at worst, a negative straight leg raise test and reflexes are 2+ and equal. As of the functional restoration program summary dated 8-10-15 through 8-12-15, noted that the injured worker has graduated from the HELP program. The treating physician noted increased functional tolerances including pushing, pulling, lifting and carrying. The injured worker was instructed to use a foam roller for postural alignment biofeedback training and self- myofascial release techniques. Treatment to date has included a functional restoration program x 32 days, physical therapy started on 4-8-15, a TENS unit, NSAIDs, Amitriptyline and Norco. The treating physician requested a Utilization Review for a foam roller. The Utilization Review dated 8-28-15, non-certified the request for a foam roller.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Foam Rollers.

**Decision rationale:** The claimant sustained a work injury in September 2010 when stepping down from a machine when he fell catching his foot between the steps. He continues to be treated for low back, buttock, and left lower extremity pain. Prior treatments have included medications, physical therapy, trigger point injections, chiropractic treatments, and TENS. Recent treatments include participation in a Functional Restoration Program. When seen, he had completed 32 days of treatment. He was participating in transition program. A return to work trial was being recommended. A home exercise program had been provided and DME was requested. A foam roller is a form of self-myofascial release and is recommended for range of motion. The claimant has a history of prior treatments for myofascial pain with reported benefit such as physical therapy and trigger point injections but would be able to use this roller as part of a self-directed home exercise program. The request is medically necessary.