

<b>Case Number:</b>	CM15-0193662		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 59 year old male who sustained an industrial injury 11-23-10. A review of the medical records reveals the injured worker is undergoing treatment for lumbago and lumbar radiculopathy. Medical records (08-18-15) reveal the injured worker complains of low back pain rated at 4-5/10 and bilateral lower extremity pain rated at 5/10. The physical exam (08-18-15) reveals "better" strength in his bilateral lower extremities. His plantar flexion has gotten "a lot better." Prior treatment includes lumbar spine surgery, a back brace, physical therapy, and Functional Restoration Program. The original utilization review (10-01-15) non certified the request for a [REDACTED] pressure biofeedback unit stabilizer, a Gym ball (65 cm), a large ice pack, and a 12" leg bolster.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] pressure biofeedback unit stabilizer: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Biofeedback.

**Decision rationale:** The Official Disability Guidelines state that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. [REDACTED] pressure biofeedback unit stabilizer is not medically necessary.

**Gym ball 65cm:** 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, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Gym ball 65cm is not medically necessary.

**Large Ice Pack:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**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 - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

**Decision rationale:** According to the Official Disability Guidelines, cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs, Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The Guidelines recommended cold/heat packs as an option for acute pain. The age of the patient's claim indicates it is well past the acute phase of the injury. Large Ice Pack is not medically necessary.

**12" leg bolster:** 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 and Leg, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. 12" leg bolster is not medically necessary.