

Case Number:	CM15-0200572		
Date Assigned:	10/15/2015	Date of Injury:	08/22/2014
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, California Certification(s)/Specialty: Emergency 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 51-year-old female, who sustained an industrial-work injury on 8-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for right knee injury and pain, chronic low back pain and myofascial pain. Treatment to date has included pain medication, psyche evaluation, Functional Restoration Program, diagnostics and other modalities. Medical records dated (8-3-15 to 8-7-15) functional restoration program integrative summary report indicate that the injured worker is currently being treated in HELP outpatient interdisciplinary functional restoration program initiated on 8-3-15 and to date 16 days out of 32 days are authorized and 5 days have been completed. The progress to date that the physician indicated is about fitness and functional components she is having expected levels of soreness given her pre-program activity. She increased her functional tolerances including standing from 10-20 minutes, lifting and carrying from 10 pounds to 12 pounds. The fitness team worked on educating her on the difference between exercise induced muscle soreness and chronic pain. The goals were discussed and aimed at returning her to independence with activities of daily living (ADL) and potential return to work. Per the medical record dated (8-3-15 to 8-7-15), the injured worker has not returned to work. The requested services included Interdisciplinary reassessment including physician examination, 4 hours, lumbar spine, BOSU (25 in. Pro pack) per 9-21-15 order, Dumbbells (10 lbs.) pair, per 9-21-15 order, Dumbbells (15 lbs.) pair, per 9-21-15 order, Foam roller (round, 6x36 in) per 9-21-15 order, and Agility ladder, per 9-21-15 order. The original Utilization review dated 10-2-15 non-certified the request for Interdisciplinary reassessment including physician examination, 4 hours, lumbar spine, BOSU

(25 in. Pro pack) per 9-21-15 order, Dumbbells (10 lbs.) pair, per 9-21-15 order, Dumbbells (15 lbs.) pair, per 9-21-15 order, Foam roller (round, 6x36 in) per 9-21-15 order, and Agility ladder, per 9-21-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary reassessment including physician examination, 4 hours, lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: interdisciplinary chronic pain program.

Decision rationale: ODG guidelines state, chronic pain programs are "Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below. While these programs are recommended (see criteria below), the research remains ongoing as to (1) what is considered the "gold- standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition." Discussion of chronic back pain programs states, "The training program is partly based on physical training and partly on behavioral cognitive training. Physical training is performed according to the 'graded activity' principle. The main goal is to restore daily function. A recent review of randomized controlled studies of at least a year's duration found that this treatment modality produced a positive effect on work participation and possibly on quality of life. There was no long-term effect on experienced pain or functional status (this result may be secondary to the instrument used for outcome measure). Intensity of training had no substantial influence on the effectiveness of the treatment." The IW has completed a comprehensive functional restoration program with a reported 32 visits. There is an established home exercise program. As the IW has documented progress, a 4-hour reassessment visit is determined not medically necessary.

BOSU (25 in. Pro pack) per 9/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: According the CaMTUS guidelines, exercise is recommended. "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation reviewed supports the IW has home strength training and stretching program. It is unclear why a Bosu is necessary for the ongoing home exercise program. There is no description of exercises that require the use of this complex piece of equipment. Without support of the documentation, the request for a Bosu is determined not medically necessary.

Dumbbells (10 lbs) pair, per 9/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: According the CaMTUS guidelines, exercise is recommended. "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation reviewed supports the IW has home strength training and stretching equipment. The IW has previously approved cuff weights. The request for dumbbells is redundant. The request is determined not medically necessary.

Dumbbells (15 lbs) pair, per 9/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: According the CaMTUS guidelines, exercise is recommended. "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to

support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation reviewed supports the IW has home strength training and stretching equipment. The IW has previously approved cuff weights. The request for dumbbells is redundant. The request is determined not medically necessary.

Foam roller (round, 6x36 in) per 9/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: According the CaMTUS guidelines, exercise is recommended. "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation reviewed supports the IW has home strength training and stretching program. It is unclear why a foam roller is necessary for the ongoing home exercise program. There is no discussion that such a device has been used in other physical medicine treatments. There is no description of exercises that require the use of this complex piece of equipment. Without support of the documentation, the request for a foam roller is determined not medically necessary.

Agility ladder, per 9/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: According the CaMTUS guidelines, exercise is recommended. "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation reviewed supports the IW has home strength training and stretching program. It is unclear why an agility is necessary for the ongoing home exercise program. There is no discussion that such a device

has been used in other physical medicine treatments. There is no description of exercises that require the use of this complex piece of equipment. Without support of the documentation, the request for a foam roller is determined not medically necessary.