

Case Number:	CM15-0038494		
Date Assigned:	03/09/2015	Date of Injury:	03/06/2014
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52-year-old female, with a reported date of injury of 03/06/2014. The diagnoses include lumbosacral spondylosis without myelopathy. Treatments have included an x-ray of the lumbar spine, physical therapy, and an MRI of the lumbar spine. The progress report dated 01/13/2015 indicates that the injured worker had low back pain in the midline of the spine at the lumbosacral spine. She continued to have muscle spasm of the low back, and left knee stiffness. The objective findings include tenderness to palpation of the paravertebral muscles and left tightness noted on both sides. The treating physician requested a Styrofoam roller. It was noted that a Styrofoam roller was needed with the physical therapy two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Styrofoam Roller for Home Use on the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, DME

and Other Medical Treatment Guidelines CMS Medicare Benefit Policy Manual, Chapter 15, section 110.1.

Decision rationale: Pursuant to the CMS Medicare benefit policy manual, Styrofoam roller for home use the low back is not medically necessary. The guidelines from CMS Medicare/Blue Cross of California medical durable equipment note that DME is defined as an item that provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested foam is necessary to improve the injured workers back condition. DME is defined as equipment, which can withstand repeated use; is primarily and customarily used to serve the medical purpose; generally is not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home. In this case, the injured worker's working diagnosis is lumbosacral spondylosis without myelopathy. The foam roller is not specifically unique to a medical purpose. The foam roller is not specifically required to ensure subjective, objective or functional benefit to the injured worker's condition. Consequently, absent clinical documentation meeting all four criteria for durable medical equipment, a foam roller for back pain is not medically necessary.