

<b>Case Number:</b>	CM15-0055931		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 67 year old male who sustained an industrial injury on 11/12/09. The injured worker reported symptoms in the lower back and lower extremities. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified and degeneration of lumbar/lumbosacral intervertebral disc. Treatments to date have included nerve blocks, injections, epidural steroid injection, oral pain medication, acupuncture treatment and topical gels. Currently, the injured worker complains of pain in the lower back with radiation to the lower extremities. The plan of care was for the purchase of a home treadmill and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of home treadmill:** Upheld

**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) Durable Medical

Equipment (DME) and Exercise Equipment; Low back, exercise and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of treadmills. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use-used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in the home. A treadmill meets the criteria for durability and home use per Medicare classification. However, treadmills are used by people we aren't sick or injured and not considered primarily used for medical reasons. ODG also notes in regard to exercise equipment that "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine" and recommends direct extension strengthening equipment for the lower back. In this case, a treadmill is not classified as durable medical equipment and are not recommended per ODG, and ODG notes that exercise on a treadmill is not preferred for lumbar rehabilitation. As such, the request for a treadmill is deemed not medically necessary.