

Case Number:	CM15-0178330		
Date Assigned:	09/18/2015	Date of Injury:	07/13/2001
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/10/2015

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 on July 13, 2001. He reported low back pain with bilateral lower extremity pain, left worse than right. The injured worker was diagnosed as having left more than right sacral 1 radiculopathy, lumbar disc injury, lumbar facet arthralgia and status post lumbar 3-4 laminectomy. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, physical therapy "on multiple occasions", medications and work restrictions. Currently, the injured worker continues to report low back pain with bilateral lower extremity pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 2, 2015, revealed continued pain as noted. He rated his pain at 7-8 before physical therapy and at 6-7 following physical therapy on a 1-10 scale with 10 being the worst. He noted he was able to decrease pain medications with physical therapy. Evaluation on August 6, 2015, revealed continued pain as noted. He rated his pain without medications at 8 and with medications at 3-4 on a 1-10 scale with 10 being the worst. It was noted he was instructed on how to use the Swiss ball and Therabands by physical therapy. He noted a traction device was applied to the back during physical therapy that provided 2 days of relief and allowed him to use less medication during those two days. It was not noted how much medication he did require during that time. It was noted urinary toxicology exams have been consistent with expectations. The RFA included requests for DME Swiss Ball and DME Theraband and was non-certified on the utilization review (UR) on September 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Theraband: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Guidelines strongly recommend the development of a home based exercise program for individuals with chronic pain. This request is consistent with these Guideline recommendations. This is a simple non-mechanized tool to assist with the self-care that is well supported in the Guidelines. The request for the DME Theraband is consistent with Guidelines and is medically necessary.

DME Swiss Ball: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Guidelines strongly recommend the development of a home based exercise program for individuals with chronic pain. This request is consistent with these Guideline recommendations. This is a simple non-mechanized tool to assist with the self care that is well supported in the Guidelines. The request for the DME Swiss Ball is consistent with Guidelines and is medically necessary.