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| Case Number: | CM15-0123021 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 07/11/2002 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: 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 (IW) is a 49 year old female who sustained an industrial injury on 07/11/2002. She reported feeling a "pop" in her low back as she lifted a container, and discomfort in her low back when she twisted to set the container down. The injured worker was diagnosed as having low back pain, degenerative joint disease, and lumbar strain/sprain. Treatment to date has included medications, diagnostic MRI of the left hip, a laminectomy and discectomy for an extruded disc at L5/S1, which initially improved the pain significantly in the hip and low back, lumbar steroid epidural to relieve pain caused by scar tissue around the nerve root of S1, and physical therapy. Currently, the injured worker complains of mild to moderate limp and continued pain to the low back, left hip, and buttock and down the left leg. She uses a cane in the right side and walks with a slightly flexed forward posture. Her back range of motion has a flexion of 50 degrees and extension of 10 degrees. Her lower extremity range of motion is good, and her lower extremity strength is 4-5/5 due to pain. There is moderate tenderness to palpation across the gluteal region bilaterally. Diagnoses include sciatica and lumbar herniated nucleus pulposus lumbar. Her medications include a Butrans patch for pain and Mobic for pain and inflammation. The worker has attended an outpatient interdisciplinary functional restoration program (FRP) initiated 04/20/2015 and has completed 31 of the 32 authorized days. According to the treatment plan outlined in the FRP notes, the worker would return to the care of the primary treatment physician, be equipped with durable medical equipment for her home exercise program, and be re-evaluated in 3 months so the treatment plan could be reviewed. Requests for authorization were made for the following: 1. Re-assessment 1 visits, 4

hours, 2. Exercise ball 55cm #1, 3. Ankle weights 10lbs #1, 4. Dumbbells 3lbs #1, 5. Dumbbells 5lbs #1, 6. Thera-cane #1, 7. BOSU Ball #1, 8. Agility ladder #1, 9. Stretching strap #1, and 10. Foam Roller #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-assessment 1 visit, 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The request is for participation in a functional restoration program. The qualifying criteria per the guidelines are as follows: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the patient does not qualify for this therapy. This is secondary to the patient already completing [REDACTED]. The need for further visits is not clear. As such, the request is not medically necessary.

Exercise ball 55cm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be use to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in

chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.

Ankle weights 10lbs #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be used to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain

exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained though other measures. As such, the request is not medically necessary.

Dumbbells 3lbs #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be use to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained though other measures. As such, the request is not medically necessary.

Dumbbells 5lbs #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be use to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces

disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.

Thera-cane #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) /Exercise.

Decision rationale: The request is for exercise equipment to be use to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back

pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.

BOSU Ball #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be used to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.

Agility ladder #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be used to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic:

Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.

Stretching strap #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Exercise.

Decision rationale: The request is for exercise equipment to be use to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic:
Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not

covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.

Foam Roller #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/ Exercise.

Decision rationale: The request is for exercise equipment to be used to aid in musculoskeletal health. The Official Disability Guidelines state the following regarding this topic: Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the equipment requested is not covered under the guidelines. As stated above, the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. While certain exercise aids are felt to be beneficial, low back strength and muscle tone can be maintained through other measures. As such, the request is not medically necessary.