

<b>Case Number:</b>	CM13-0023199		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 32 year old male with an injury date on 09/16/2012. Based on the 08/22/2013 report provided by [REDACTED] the pre-operative diagnoses are Displacement of lumbar intervertebral disc and Myalgia. The functional capacity evaluation on 06/21/2013 by [REDACTED] reveals the patient is to able to reach for objects in all directions with the left and right arm, seize an object with either hand, hold/grasp an object with either hand, pick up a nut using all fingers of either hand, recognize different shapes/size/texture with both hand, distinguish between hot and cold with his hands, able to crouching/stooping, able to sit/stand for 30 minutes and able to walk for 0.5 miles. The patient does not meet the requirement of kneeling on one knee and on both knees, crawl on hands and knees, and does not meet the strength requirements assigned to his occupation as set by the DOT. The patient has had 5 sessions of localized intense neurostimulation therapy (LINT) from 05/29/2013 to 07/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EXERCISE KIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS AETNA.

**Decision rationale:** While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for exercise kit for the neck does not delineate what is included in the kit. Without knowing what the kit is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. Therefore, the request for cervical exercise kit is not medically necessary and appropriate.

**CERVICAL PILLOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** The AETNA Guidelines do discuss hospital beds and accessories and considers hospital beds and accessories necessary if the patient's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infection in ways not feasible in an ordinary bed, or patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, or requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problem with aspiration. In this patient, none of these criteria appear to apply to this patient. There is no documentation that the patient requires positioning of the body for any specific condition and no other ailments are described that would require elevating the head of the bed. Under durable medical equipments section in the Official Disability Guidelines (ODG), durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the request for a cervical pillow does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, the request for cervical pillow is not medically necessary and appropriate.

**LUMBAR EXERCISE KIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** According to the 08/22/2013 report, the patient presents with myalgia pain to the low back. Review of the report shows the treating physician's report and request for authorization containing the request is not included in the file. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for exercise kit for the lower back does not delineate what is included in the kit. Without knowing what the kit is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. Therefore, the request for a lumbar exercise kit is not medically necessary and appropriate.

**INTERNAL MEDICINE CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 164-165.

**Decision rationale:** According to the 08/22/2013 report the patient presents with myalgia pain to the low back. Review of the report shows the treating physician's report and request for authorization containing the request is not included in the file. The treating physician did not provide any specific reason for obtaining a medical clearance and did not explain why this patient would require an internal medicine clearance. Therefore, the request for internal medicine clearance is not medically necessary and appropriate.

**PSYCHOLOGICAL EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** Regarding consultations, ACOEM guidelines states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treating physician does not explain why a Psychological Evaluation is needed. There is no mention of any psychological issues such as anxiety, depression, and how the patient is struggling with chronic pain to benefit from psychological evaluation. Therefore, the request for psychological evaluation is not medically necessary and appropriate.