

Case Number:	CM13-0039395		
Date Assigned:	12/18/2013	Date of Injury:	01/22/2010
Decision Date:	03/17/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 31 year-old female sustained an injury on 1/22/10 while employed by [REDACTED]. Request under consideration include lumbar rehab kit. Report of 8/21/13 from [REDACTED] noted patient with increased low back pain requiring higher dose of oral analgesic medication (Naproxen and Ultram). The patient is currently nursing and trying to avoid opiates. The patient recently received authorization for physical therapy, acupuncture, and interferential unit. The patient is requesting for repeat facet injections and possible rhizotomy since last done on 12/1/10 provided her with 80% relief. Trigger point injection also provided good benefit. Exam of lumbar spine showed tenderness over posterior musculature bilaterally with rigidity; numerous trigger points palpable; decreased range with flex 45, ext 15, lateral bending 20 degrees; SLR positive on left at 60 degrees. EMG/NCV on 2/5/10 was normal. MRI showed minimal degenerative disc disease at L4-S1 with facet arthropathy. Diagnoses included lumbar myoligamentous sprain/strain syndrome; lumbar facet syndrome; and reactionary depression/anxiety. She was advised to continue with PT, acupuncture, MBB at L3, L4, L5 was requested; trigger point injections were performed; medications were refilled; request for home exercise/rehab kit for purchase. Request for lumbar kit was non-certified on 10/2/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for lumbar rehab kit: 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) pages 297-298, 309

Decision rationale: This 31 year-old female sustained an injury on 1/22/10 while employed by [REDACTED]. Request under consideration include lumbar rehab kit. Report of 8/21/13 from [REDACTED] noted patient with increased low back pain requiring higher dose of oral analgesic medication (Naproxen and Ultram). The patient is currently nursing and trying to avoid opiates. The patient recently received authorization for physical therapy, acupuncture, and interferential unit. The patient is requesting for repeat facet injections and possible rhizotomy since last done on 12/1/10 provided her with 80% relief. Trigger point injection also provided good benefit. Exam of lumbar spine showed tenderness over posterior musculature bilaterally with rigidity; numerous trigger points palpable; decreased range with flex 45, ext 15, lateral bending 20 degrees; SLR positive on left at 60 degrees. EMG/NCV on 2/5/10 was normal. MRI showed minimal degenerative disc disease at L4-S1 with facet arthropathy. Diagnoses included lumbar myoligamentous sprain/strain syndrome; lumbar facet syndrome; and reactionary depression/anxiety. She was advised to continue with PT, acupuncture, MBB at L3, L4, L5 was requested; trigger point injections were performed; medications were refilled; request for home exercise/rehab kit for purchase. Although the ACOEM/MTUS guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients which is not indicated here. The patient continues to participate in formal active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment not specified in kit requested. The lumbar rehab kit is not medically necessary and appropriate