

Case Number:	CM14-0006626		
Date Assigned:	03/03/2014	Date of Injury:	04/13/2013
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine 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 38-year-old male, with a date of injury of 4/13/13. He has developed persistent low back pain with some subjective radiation into the legs. No radiculopathic findings have been found on exam or electrodiagnostic testing. MRI scan has revealed lower lumbar disc disease. Treatment has included physical therapy, analgesic medications and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT PURCHASE: HOME EXERCISE KIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter. Exercise Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy Of Orthopedic Surgery (<http://orthoinfo.aaos.org/topic.cfm?topic=a00302>)

Decision rationale: There is no documentation provided that specifically states what is included in the "Kit". There is also no documentation if this has been recommended by a physical therapist and if there has been instruction by a physical therapist. The use of a "swiss ball" is

often recommended as an exercise adjunct, but there is no medical need for other specialized equipment. These exercise balls are inexpensive and available at any sports shop or large retailer. MTUS guidelines do not specifically address this issue. Other standard bearing bodies do document standard recommended exercises for low back pain and this often includes a "swiss ball" without the need for other specific equipment. The dispensed "kit" for exercises does not appear medically necessary.