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| <b>Case Number:</b>   | CM14-0108711 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 07/30/2009 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old gentleman was reportedly injured on July 30, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of exacerbations of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and spasms. Diagnostic imaging studies objectified were not reviewed during this visit. Previous treatment is unknown. A request had been made for a heat/cold therapy unit and a lumbar home exercise rehab kit and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Heat/Cold Therapy Unit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Cold/Heat Packs, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines cold/heat packs are recommended as an option for acute pain. However, it is unclear why a heat/cold therapy unit is requested over simple cold/heat packs. Without additional justification, this request for a heat/cold therapy unit is not medically necessary.

**1 Lumbar Home Exercise Rehab Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

**Decision rationale:** It is not clear from this request what is included in the lumbar home exercise kit and for why this is needed in addition to a traditional home exercise program for the lumbar spine. Without clarification or justification, this request for a lumbar home exercise rehab kit is not medically necessary.