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| Case Number: | CM14-0012323 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 03/09/2009 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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, has a subspecialty in Pain 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 47-year-old with an injury date of March 9, 2009. Based on the December 27, 2013 progress report provided by [REDACTED] the patient complains of severe and persistent lower back pain. Pain radiates down the legs with a burning sensation along the tailbone. The patient ambulates with an antalgic gait. Tenderness and spasm are both noted along the paraspinal muscles on palpation. The abdominal muscles have decreased strength. The patient also has a severe straight leg raise and severe weakness in the bilateral lower extremities. In the December 31, 2013 report, [REDACTED] states that the patient also complains of severe episodic calf pain 1-3 x a night, with persistent pain for 15-20 min following each episode. His diagnoses includes bilateral L5 and S1 nerve root impingement per EMG/NCV June 23, 2011, bilateral foraminal stenosis of L4-5 per CT lumbar March 11, 2011, grade 1 anterolisthesis of L5-S1 per CT lumbar March 11, 2011, and status post L4-5, L5-S1 transforaminal lumbar interbody fusion with bone morphogenic protein- 2 and local bone (January 12, 2010) [REDACTED] [REDACTED] is requesting for a stationary bike for purchase. The utilization review determination being challenged is dated January 15, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from August 30, 2013 to January 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

STATIONARY BIKE FOR PURCHASE: 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) ODG guidelines on Exercise for Chronic pain.

Decision rationale: According to the December 27, 2013 report by [REDACTED], the patient has lower back pain which radiates down the legs with a burning sensation along the tailbone. The request is for a stationary bike for purchase for home use to provide the patient with some form of exercise and help increase his function. Stationary bike is an exercise equipment. ODG guidelines states that exercise equipments are not considered primarily medical in nature. ODG then refers to durable medical equipment which require that the equipment have primary medical purpose. ODG also does not consider one exercise superior to another. While a stationary bike is a good way for the patient to exercise, it is not superior to other methods of exercise that can be accomplished without a stationary bike. The request for a stationary bike is not medically necessary or appropriate.