

Case Number:	CM14-0116343		
Date Assigned:	08/04/2014	Date of Injury:	12/13/2013
Decision Date:	11/18/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurology 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 Injured Worker (IW) is a 61 year old female with a reported date of injury of 12/13/2013. The primary complaint is low back pain and the mechanism of injury is described as a function of repetitive lifting due to her job. The IW reports her low back pain is a 6 out of 10. A progress note from 1/24/14 reports the IW has decreased range of motion with lumbar flexion (a 50 percent decrease) in addition to right lower extremity weakness (reported as 3/5 on the motor assessment). The treatment for the IW has been primarily with medications to include oral Naproxen, amitriptyline, and a topical compound containing tramadol, flubriprofen, and diclofenac. This particular progress note reports the IW has not participated in physical therapy. A follow up progress dated 4/18/14 reports as part of the plan for treatment to discharge from P.T. (physical therapy) and to continue a home exercise program. Another progress note from a third provider dated 5/27/14 is requesting physical therapy for the IW for treatment. There is no documentation provided reporting the IW actually participated in any physical therapy or a treatment plan for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar home exercise rehab kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Although the MTUS Chronic Pain does not have specific guidelines for the purchasing of a lumbar home exercise rehab kit, it does have guidelines for physical therapy and the transition to home exercise programs. The recommendations are to continue active therapies at home as an extension of the treatment process and can be performed with or without mechanical assistance or assistive devices. In this particular case, there is no evidence the IW has actually participated in a physical therapy treatment program. There is no documentation to support a treatment plan and how to continue to a home program to utilize a lumbar exercise rehab kit. Therefore, the request is not medically necessary.