

Case Number:	CM14-0162061		
Date Assigned:	10/07/2014	Date of Injury:	03/20/2000
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This is a 63 year-old male who has reported neck and low back pain after an injury on 3/20/2000. He has been diagnosed with spondylosis, a lumbar herniated disk, and a cervical sprain. Treatment has included opioids, other analgesic medications, physical therapy, and a lumbar fusion in 2001. He has seen a variety of treating physicians over the years. Most recently he has seen an orthopedic surgeon for several visits during 2014. Reports are available from this physician from July to April, 2014. None of these reports discuss the "lumbar spine rehabilitation kit". The Utilization Review report of 9/29/14 referred to a report and Request for Authorization of 9/17/14, documents which were not included in the records for this Independent Medical Review. On 9/29/14 UR non-certified a lumbar spine rehabilitation kit, noting the lack of "documented evidence on need". The ACOEM Guidelines were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar spine rehab kit, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 47, 98-99.

Decision rationale: The "lumbar spine rehab kit" is not described in the physician reports. The treating physician has not discussed the specific indications for this kit or the specific components of the kit. The MTUS makes no recommendation for any particular exercise equipment after initial treatment with physical therapy. The MTUS for Chronic Pain, per pages 98-99, recommends home exercise after supervised physical medicine, with no specific equipment listed. The MTUS, Chronic Pain section, per page 47, states that no form of exercise for chronic pain is proven superior over any other. Back-specific exercise machines are specifically "Not Recommended" in the ACOEM Guidelines, 2004 edition, page 309. Given the lack of information regarding the components of this kit, the lack of stated indications, and the lack of MTUS recommendations for such exercise kits, the "lumbar spine rehab kit" is not medically necessary.