

Case Number:	CM14-0163258		
Date Assigned:	10/08/2014	Date of Injury:	05/16/2011
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 American Board Family Practice 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:

34 yr. old male claimant sustained a work injury on 5/16/11 involving the low back. He was diagnosed with neck pain, thoracic pain and lumbar pain. He had undergone physical therapy and acupuncture. A progress note on 9/2/14 indicated the claimant had 8/10 pain and was using oral analgesics for pain relief. Exam findings were notable for tenderness throughout the cervical, thoracic and lumbar paraspinal regions. He had been undergoing a functional restoration program. A subsequent request was made for a cervical, lumbar ice pack for home exercise program and a yoga mat along with a stretch assist strap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Ice Pack For Hep: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to the ACOEM, cold packs are appropriate for the acute phase of the injury. In this case, the injury was remote and chronic. The use of an ice pack for chronic low

back pain for home exercise is not indicated by the guidelines and therefore not medically necessary.

Yoga Mat For Hep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual Chapter 15 Section 110.1

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment

Decision rationale: According to the guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. In this case, the yoga mat is not defined by Medicare and a yoga mat is considered a form of exercise equipment which is generally not considered medical in nature. As a result, a yoga mat is not medically necessary.

Stretch Assist Strap For Hep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual Chapter 15 Section 110.1

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment

Decision rationale: According to the guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. In this case, the stretch assist wrap is not defined by Medicare and the stretch assist wrap is considered a form of exercise equipment which is generally not considered medical in nature. As a result, a stretch assist wrap mat is not medically necessary.

Cervical Ice Pack For Hep: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the ACOEM, cold packs are appropriate for the acute phase of the injury. In this case, the injury was remote and chronic. The use of an ice pack for chronic

neck pain for home exercise is not indicated by the guidelines and therefore not medically necessary.