

Case Number:	CM14-0037377		
Date Assigned:	06/25/2014	Date of Injury:	08/13/2011
Decision Date:	09/11/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 2011. Thus far, the injured worker has been treated with the following: analgesic medications; attorney representation; at least 18 sessions of physical therapy, per the claims administrator; a lumbar support; and earlier lumbar discectomy in 2012. In a utilization review report dated February 27, 2014, the claims administrator denied a request for lumbar home exercise purchase kit, invoking non-MTUS ODG Guidelines to do so. The claims administrator did not, however, incorporate said guidelines into its rationale. The injured worker's attorney subsequently appealed. On January 17, 2014, the injured worker reported persistent complaints of low back pain with derivative issues including anxiety and depression. An electrical muscle stimulator, topical compounds, and a home exercise kit were sought. The injured worker was placed off of work on total temporary disability for additional 30 to 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Lumbar Rehab Kit.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83 to achieve functional recovery, the injured workers must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The rehabilitation kit being sought, thus, per ACOEM represents an article of injured worker responsibility as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.