

Case Number:	CM14-0041011		
Date Assigned:	06/30/2014	Date of Injury:	02/01/2010
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 Management, 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 patient with a date of injury of February 1, 2010. A progress report dated January 18, 2014 identifies subjective complaints of lower back pain radiating into both lower extremities. The note indicates that the patient is still doing physical therapy, but continues to have pain. The physical examination reveals tenderness to palpation in the lumbar spine with restricted range of motion. The diagnoses include lumbar spine sprain strain and lumbar disc syndrome. The treatment plan recommends continuing with the course of 24 sessions of chiropractic therapy, physical therapy, and modality therapy. The treatment plan also recommends an ultrasound stimulator for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Lumbar Home Exercise Rehab Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS guidelines support the use of aerobic activity to avoid deconditioning. The Official Disability Guidelines state that exercise is recommended. They go

on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested lumbar home exercise rehab kit will improve the patient's ability to reform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the request is not medically necessary.