

<b>Case Number:</b>	CM14-0044440		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/07/1998
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 68-year-old male who has submitted a claim for discogenic lumbar condition with a radicular component down the left lower extremity associated with an industrial injury date of 09/07/1998. Medical records from 12/28/2010 to 07/01/2014 were reviewed and showed that patient complained of persistent low back pain graded 7-8/10 with radiation down the legs, numbness, and tingling . Physical examination revealed wide-based and antalgic gait. Tenderness along the lumbosacral area was noted. Lumbar spine ROM was limited. MRI of the lumbar spine (date not made available) showed disc disease at L4-S1. Treatment to date has included physical therapy, TENS, H-wave, hot/ice packs application and pain medications. Utilization review dated 03/27/2014 denied the request for DME treadmill because there were patient safety concerns regarding treadmill use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME treadmill:** Upheld

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

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, the requested equipment does not fit in the criteria of DME set by ODG. Therefore, the request for DME treadmill is not medically necessary.