

<b>Case Number:</b>	CM14-0045296		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 37-year-old male with a date of injury on 5/8/2012. Diagnoses include lumbar spine disc bulges and lumbar spine radiculitis. Subjective complaints are of moderate to severe low back pain, with radiation into the legs. Physical exam shows tenderness and spasm and decreased range of motion of the lumbar spine, negative straight leg raise test, and normal motor strength. Gait was described as non-antalgic, smooth and steady, with normal heel and toe walking. Treatment has included medications, and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable Aluminum Cane for Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter: Walking Aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE/LEG, CANE.

**Decision rationale:** The ODG states that disability, pain, and age-related impairments seem to determine the need for a walking aid. The most recent office notes do not indicate any problem

with the patients' gait, or offer any objective deficit that would warrant the use of a walking aid. Therefore, the medical necessity of a cane is not established. As such, the request is not medically necessary and appropriate.

**Lumbar Rehabilitation (Rehab) Kit for Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, GYM MEMBERSHIP.

**Decision rationale:** The ODG states that specialized equipment is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. For this patient, there is no documentation that his home exercise program was not effective. Furthermore, there are no apparent indications that would require the patient to utilize special exercise equipment. Therefore, the medical necessity of a lumbar rehabilitation kit is not established.