

<b>Case Number:</b>	CM14-0053203		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This is a 47 year-old male with a 6/18/14 date of injury to his lower back. The patient was seen on 11/8/13 with complaints of lower back pain with painful range of motion. Exam findings revealed mild decrease in range of motion of the L spine, positive straight leg raise on the left, decreased motor strength L3/4 myotome on the right, and decreased sensation in the L4 and L5 dermatomes on the left. DTR of the patella are decreased. The diagnosis is lumbar radiculopathy and myopathy. Treatment to date: PT, medications, and chiropractic therapy. An adverse determination was received on 3/21/14 given no rationale was provided for the exercise kit. The UR decision for the cold and heat therapy products was not made available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold and heat therapy products 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Chapter-Durable Medical Equipment.

**Decision rationale:** CA MTUS does not address this issue. ODG recommends DME generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Passive heat and cold therapy are considered appropriate DME. In this patient, there is no documentation regarding the need for heat and cold therapy. It is unclear what its purpose is in this patient, or if he has tried it before and what the results were. In addition, the 'products' are not clearly defined. Therefore, the request for cold and heat therapy products was not medically necessary.

**Home exercise kit lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME 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. It is unclear what methods of home therapy the patient has tried in the past and if so why were they not successful. In addition, the components of the kit are not specified. Therefore, the request for a home exercise kit lumbar was not medically necessary.