

<b>Case Number:</b>	CM14-0133837		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old male who sustained a work related injury July 19, 2013. An MRI of the lumbar spine, dated March 24, 2014, (report present in the medical record) revealed at L1-L2, a broad 4 mm midline disc protrusion resulting in abutment of the descending L2 nerve roots bilaterally. According to a primary treating physician's follow-up report, dated March 14, 2014, the injured worker presented complaining of pain in the low back, rated 7-8 out of 10. Examination of the lumbar spine revealed 3+ tenderness and spasms over the para lumbar muscles, sacroiliac joint, sciatic notch, and sacral base bilaterally and 3 + pain over the spinous processes from L3-S1 bilaterally. Straight leg raise is positive at 70 degrees bilaterally with localized pain and left radicular pain down the lower extremity. Kemp's test is positive bilaterally. Sensory testing revealed hypoesthesia at L4, L5, and S1 on the left. Diagnoses are lumbar spine sprain, strain, rule out herniated disc; lumbar spine radiculitis, sciatica. Recommendations were for an interferential unit for home use, a low back brace, and a physician referral for pharmaceutical management. At issue, is the request for authorization for optimum home rehab kit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Optimum Home Rehab Kit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Exercise, Exercise and Knee & Leg, as well as [www.ncbi.nlm.nih.gov/pubmed/10546695](http://www.ncbi.nlm.nih.gov/pubmed/10546695).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2013 and was being treated for persistent low back pain. When seen, therapy improvement. He had stiffness which gradually decreased with stretching exercises and taking a hot shower. There was lumbar spine tenderness with positive Kemp's testing. Recommendations have included a back brace and use of an interferential unit. The requesting provider documents instructions in a home exercise program. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require specialized equipment. The requested Optimum Home Rehabilitation Kit was not medically necessary.