

Case Number:	CM14-0188529		
Date Assigned:	11/19/2014	Date of Injury:	05/25/2013
Decision Date:	01/07/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated October 11, 2014, the claims administrator denied a request for a cervical rehabilitation kit. Non-MTUS ODG Guidelines were invoked. The claims administrator stated that its decision was based on a September 3, 2014 office visit. On July 29, 2014, the applicant reported ongoing complaints of neck and low back pain, 7-8/10 without medications versus 6-7/10 with medications. It was stated that the applicant was working modified duty. Ketoprofen, Prilosec, and six sessions of acupuncture were sought while the applicant's work restrictions were renewed. Somewhat interestingly, the applicant was working regular duty as of an earlier note dated February 17, 2014, it is incidentally noted. On August 11, 2014, a multimodality transcutaneous electric therapy device was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cervical Rehab Kit Purchase date of service 09/03/14: 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); Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 309, 83, Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46, 47, 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, back-specific exercise machines, an article essentially analogous to the cervical rehabilitation kit at issue here, are deemed "not recommended." ACOEM Chapter 5, page 83 further stipulates that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The home exercise kit at issue, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Finally, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that there is no evidence to support recommendation of any one particular form of exercise over another. Here, the attending provider did not seemingly attach any compelling applicant-specific information, narrative rationale, or narrative commentary along with the request for authorization so as to augment the same. The historical progress notes seemingly suggested that the applicant had already returned to modified duty work, did not have significant residual physical impairment and should, thus, have been capable of transitioning to self-directed home physical medicine as an extension of the treatment process, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.