

Case Number:	CM14-0190217		
Date Assigned:	11/21/2014	Date of Injury:	02/01/2014
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 2/1/14 while employed by [REDACTED]. Request(s) under consideration include Home Exercise Kit for Lumbar Spine. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report of 10/13/14 from the provider noted the patient with chronic ongoing mild pain in the upper and low back rated at 1-2/10, without any radiation symptoms; Pain is aggravated by sitting and standing over 5-10 minutes. Exam showed lumbar spine with limited range of flex/ext 90/25 degrees; normal gait; normal heel-toe walking; intact motor strength of 5/5 in extremities. Diagnoses included lumbar disc protrusion at L4-S1/ strain/ sprain/ residual myofascial pain. Treatment included chiropractic care, medications (Amitriptyline, topical Lidocaine), and Exercise lumbar kit. The request(s) for Home Exercise Kit for Lumbar Spine was non-certified on 10/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298, 309

Decision rationale: The request for Home Exercise Kit for Lumbar Spine was non-certified on 10/21/14. Although the ACOEM guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit with unspecified detail of what is included versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients which is not indicated here. The patient continues to participate in active therapy with chiropractic care and has received instructions for an independent home exercise program without the need for specialized equipment. The Home Exercise Kit for Lumbar Spine is not medically necessary and appropriate.