

Case Number:	CM14-0194888		
Date Assigned:	12/02/2014	Date of Injury:	07/21/2013
Decision Date:	01/27/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 43-year-old gentleman with a date of injury of 07/21/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/15/2014 indicated the worker was experiencing lower back and left elbow pain, stiffness, and weakness. The documented examination described tenderness in the left elbow and lower back with spasm. The submitted and reviewed documentation concluded the worker was suffering from lumbar and elbow strain/sprain and a lesion involving the ulnar nerve. Treatment recommendations included oral and topical medications, urinary drug screen testing, a lumbosacral rehabilitation kit, and follow up care. A Utilization Review decision was rendered on 10/23/2014 recommending non-certification for a lumbar spine rehabilitation kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Lumbar Spine Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The MTUS Guidelines encourage the use of a home exercise program as part of a treatment program for chronic pain. The literature shows strong evidence that treatment programs that include aerobic conditioning and strengthening have superior outcomes compared with those that do not with both immediate and long-term benefits. Education, independence, and on-going exercise long-term should be emphasized. The submitted and reviewed records indicated the worker was experiencing neck pain, headaches, shoulder pain, problems sleeping, and depressed and anxious mood. There was no discussion detailing extenuating circumstances that sufficiently supported the worker's need for equipment in order to include a home exercise program in the worker's treatment. In the absence of such evidence, the current request for a Lumbar Spine Rehabilitation Kit is not medically necessary.