

Case Number:	CM14-0217912		
Date Assigned:	01/07/2015	Date of Injury:	03/14/2012
Decision Date:	04/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 44-year-old male, who sustained an industrial injury on 3/14/12. On 12/29/14, the injured worker submitted an application for IMR for review of Stationary bike purchase. The treating provider has reported the injured worker complained of persistent mid and low back pain. The diagnoses have included chronic low back pain; status post lumbar fusion multilevel (12/12/10); lumbar herniated disc; thoracic fractures; knee sprain/strain; epilepsy; thoracic compression fractures. Treatment to date has included MRI/CT scan lumbar spine (7/23/12); physical therapy; epidural steroid injections lumbar (1/30/13); status post decompression, hardware removal left L4-S1-right L3 screw placement/fusion (11/19/13) psychiatric evaluation/counseling. On 12/5/14 Utilization Review non-certified Stationary bike purchase. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary bike purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 15-16, 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG, Lower Back section, Exercise.

Decision rationale: The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic back pain as it has strong evidence for its effectiveness. Exercise should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. The ODG also recommends exercise for acute and chronic back pain, with chronic back pain requiring more intensive exercising. While home exercise programs are of course recommended, advanced home exercise equipment are not covered under the ODG recommendations, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In the case of this worker, a stationary bike purchase does not fit in the medically necessary equipment, but is equipment to assist in exercise, for which there are other simpler methods with and without any equipment to be used at home. Therefore, the stationary bike purchase will be considered medically unnecessary and other methods of exercise less dependent on equipment can be recommended.