

Case Number:	CM15-0168947		
Date Assigned:	09/09/2015	Date of Injury:	05/02/2014
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 low back pain (LBP) reportedly associated with an industrial injury of May 2, 2014. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for a home exercise kit. The claims administrator referenced a July 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 8, 2015, home exercise kit for lumbar spine was endorsed. On an associated progress note of July 8, 2015, the applicant was declared permanent and stationary with a 0% whole person impairment rating. The treating provider contented that the applicant had "returned to her pre-injury symptom status". The treating provider nevertheless stated at the bottom of the note that the applicant should be provided with a home exercise kit so as to facilitate performance of home exercise. The treating provider did not state why the applicant was being incapable of performing of home exercise without the kit, however. The applicant had returned to regular duty work, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for a home exercise kit for the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, back specific exercise machine, i.e., an article analogous to the home exercise kit in question, are deemed "not recommended". The attending provider failed to furnish a clear or compelling rationale for provision of this device in the face of the unfavorable ACOEM position on the same. The attending provider did not clearly state why a device was being sought in the face of the applicant having successfully returned to regular duty work, and having little-to-no residual symptoms present as of the July 8, 2015 office visit at issue. The attending provider did not clearly state why the applicant needed said home exercise kit to perform home exercises as (a) did not appear that the applicant was having difficulty performing home exercise independently and (b) it did not appear the applicant had much in the way of residual symptomatology present on or around the date of the request, July 8, 2015. Therefore, the request is not medically necessary.