

Case Number:	CM15-0207775		
Date Assigned:	10/26/2015	Date of Injury:	03/02/2006
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 65 year old male who sustained an industrial injury on 3-2-06. The injured worker reported lumbar spine pain with radiation to the right lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for displacement intervertebral disc without myelopathy. Medical records dated 9-28-15 indicate increased pain in the lumbar spine. Provider documentation dated 9-28-15 noted the work status as permanent and stationary. Treatment has included status post lumbar decompression (10-11-10), physical therapy, and Norco since at least March of 2015. Objective findings dated 9-28-15 were notable for right lower extremity foot drop and tenderness to palpation to the midline lumbar spine. The original utilization review (10-7-15) denied a request for a Home recumbent bike and Lumbar spine X-ray, two views (AP and Lateral).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home recumbent bike: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, home recumbent bike is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnosis is displacement intervertebral disc site unspecified without myelopathy. Date of injury is March 2, 2006. Request for authorization is September 30, 2015. The documentation indicates the injured worker is status post lumbar surgery October 11, 2010. The injured worker developed foot drop post surgery. According to the progress note dated September 30, 2015, the injured worker returned for a routine follow-up complaining of increased pain in the low back that radiates to the right lower extremity with slight numbness. Objectively, there is no change since the last office visit. The injured worker still has a foot drop and there is tenderness to palpation in the lumbar midline. There is no clinical rationale indicating whether the injured worker cannot perform a home exercise program for his back and leg with our recumbent bike. He has been engaged in aquatic therapy. The documentation does not support a recumbent bike. There are no new clinical subjective or objective clinical findings. There is no contraindication to the injured worker performing a home exercise program without the use of a recumbent bike. The recumbent bike does not meet the definition for DME. A recumbent bike may be useful to a person in the absence of illness or injury and may not primarily and customarily serving a medical purpose. The injured worker has done without a recumbent bike over a five-year period and there are no compelling clinical facts to support a recumbent bike at this time. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective or objective clinical findings to support the use of a recumbent bike, and no contraindication to continuing a home exercise program, home recumbent bike is not medically necessary.

Lumbar spine X-ray, two views (AP and Lateral): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, lumbar spine x-ray, two view (AP/lateral) is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma;

uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. in this case, the injured worker's working diagnosis is displacement intervertebral disc site unspecified without myelopathy. Date of injury is March 2, 2006. Request for authorization is September 30, 2015. The documentation indicates the injured worker is status post lumbar surgery October 11, 2010. The injured worker developed foot drop post surgery. According to the progress note dated October 30, 2015, the injured worker returned for a routine follow-up complaining of increased pain in the low back that radiates to the right lower extremity with slight numbness. Objectively, there is no change since the last office visit. The injured worker still has a foot drop and there is tenderness to palpation in the lumbar midline. There is no clinical rationale indicating whether the injured worker cannot perform a home exercise program for his back and leg with our recumbent bike. He has been engaged in aquatic therapy. The documentation does not support a recumbent bike. There are no new clinical subjective or objective clinical findings. There is no documentation of recent trauma, suspicion of cancer, infection or recent surgery. There is no clinical indication or rationale for lumbar spine x-rays 2 view. Based on the pinnacle information in the medical record, peer- reviewed evidence-based guidelines, no clinical change in physical examination, no red flags and no recent trauma and no clinical indication or rationale for lumbar spine x-rays, lumbar spine x- ray, two view (AP/lateral) is not medically necessary.