

Case Number:	CM15-0020705		
Date Assigned:	02/10/2015	Date of Injury:	03/01/2012
Decision Date:	05/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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: Ohio, North Carolina, Virginia
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 64-year-old female, who sustained an industrial injury on 3/01/2012. Diagnoses include lumbar sprain/strain. Treatment to date has included L4-5 and L5-S1 radiofrequency ablation (4/207/2014) and lumbar medial facet block (12/02/2013). Per the Primary Treating Physician's Progress Report dated 9/25/2014, the injured worker reported lower back pain rated as 7/10. Physical examination revealed lumbar spine decreased range of motion with positive spasm and negative straight leg raise test. The plan of care included and authorization was requested on 9/25/2014 for a home exercise rehab kit purchase for the lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar home exercise rehab kit purchase (swiss ball, backnobber, resistance tubes 3 strengths, lumbar chair support, torso strap, instruction book, supply bag): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: Chapter 12 of the ACOEM recommends that specific exercises for low back strengthening and range of motion be advised for back pain. In this instance, the injured worker essentially has a chronic low back strain with reduced lumbar range of motion. The qualified medical examiner has found her to be at maximum medical improvement and he recommends the injured worker continue a daily home exercise program. The requested kit contains a swiss ball, backnobber, resistance tubes 3 strengths, lumbar chair support, torso strap, instruction book, and supply bag. This equipment is typical of those used by physical therapists and is not likely to be found in a person's home. Therefore, a lumbar home exercise rehab kit purchase is medically necessary.