

<b>Case Number:</b>	CM15-0024459		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male who sustained an industrial injury on 6/20/11 involving a motor vehicle accident in which the injured worker was the belted bus driver who was struck on the driver's side by an SUV, sustaining injury to his neck, shoulders and lower back. Currently he is experiencing leg pain, back pain and weakness. Diagnoses are neck sprain/ strain; lumbar sprain/ strain/ muscle spasms and cervical radiculopathy. Treatments included chiropractic care which was of no benefit; transcutaneous electrical nerve stimulator unit and medications which did improve his symptoms; physical therapy; extracorporeal shockwave therapy; home exercises. Diagnostics included MRI lumbar spine (6/20/14) which was abnormal and compared to MRI (6/19/12); MRI of the right and left shoulders (7/19/12); MRI of the cervical spine (7/19/12); multi-positional MRI of the lumbar spine (7/19/12). There was no current progress note demonstrating a request for durable medical equipment. On 1/29/15, Utilization Review non-certified the request for durable medical equipment (non-specified) citing MTUS: ACOEM: Low Back Complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic low back pain, leg pain, and weakness. The request is for a "durable medical equipment trial" not further specified. Treatments have included physical therapy with a home exercise program. Compliance with a home exercise program would be expected and would not require specialized equipment. Therefore, the request is not medically necessary.