MAXIMUS Federal Services

Case Number:	CM15-0045260		
Date Assigned:	03/12/2015	Date of Injury:	06/30/2006
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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: California
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 50-year-old male, who sustained an industrial injury on 6/30/06. He reported pain in the knees and back related to cumulative trauma. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease and lumbosacral spondylolysis. Treatment to date has included lumbar CT, lumbar fusion, lumbar brace and pain medications. As of the PR2 dated 1/30/15, the injured worker reports pain in the low back that increases with activity. The treating physician noted tenderness to the central low back during terminal motion and mild muscle spasms. The treating physician requested a recovering bike for exercise and reduced stress on the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent bike secondary to need for exercise with low back injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, www.medicaremd.com/coverage_noncovered_equipment.asp.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127.

Decision rationale: Regarding the request for a recumbent bike, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. In the absence of such documentation, the currently requested recumbent bike is not medically necessary.