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| Case Number: | CM14-0115024 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 10/21/2013 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 22 year-old individual was reportedly injured on October 21, 2013. The mechanism of injury is noted as being hit in the back by an object while working. The most recent progress note available in the medical records provided for my review is dated April 29, 2014 indicates that there are ongoing complaints of low back and knee pain. The physical examination demonstrated pain and tenderness upon palpation of the thoracic paraspinals on the right and left. Lumbar spine range of motion is decreased. Tenderness and spasm are noted to palpation of the lumbar paraspinal muscles, and at the lumbar midline. Neurologic, sensory, and reflex examination was unremarkable. Diagnostic imaging studies have included x-rays evaluation, and EMG/NCV studies. Previous treatment has included pharmacotherapy (including NSAIDs, muscle relaxants, and analgesics), physical therapy, and chiropractic care. A request had been made for a lumbar home exercise rehab kit and was not certified in the pre-authorization process on June 20, 2014.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic)

Decision rationale: The guidelines support home exercise programs for chronic back pain symptoms. While the CA MTUS guidelines indicate that exercises with or without mechanical assistance or resistance, may be supported, there is no discussion in the medical record provided what type of devices are provided in this lumbar exercise rehab kit. Additionally, ODG guidelines only reference home exercise kits in leg and knee pain syndromes and shoulder syndromes. In the absence of clinical documentation to substantiate the medical necessity of the DME provided to be used in a home exercise setting, it cannot be determined whether or not a clinical indication for such a kit exists, and is not considered medically necessary.