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| Case Number: | CM14-0140716 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Texas. 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:

Medical records reflect the claimant is a 55 year old female who sustained a work injury on 11-6-12. Office visit on 8-26-14 notes the claimant had a lumbar epidural steroid injection on 7-31-14 with 50-60% pain relief. The claimant would lie to proceed with a second epidural steroid injection. The claimant continues with debilitating low back pain with radiation to both lower extremities, especially to the left. On exam, the claimant has tenderness to palpation at the cervical spine with increased lumbar rigidity, numerous trigger points are palpable, decreased range of motion. DTR are 2/4 at bilateral upper extremities. Strength is 4+/5 strength bilaterally. Lumbar exam shows decreased range of motion, tenderness to palpation. DTR are 2.4 at bilateral patella and 1/4 at bilateral Achilles. Strength is 5/5 at the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical exercise kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that exercise is recommended. However, there is an absence in documentation noting that specialized equipment is required to perform a home exercise program. Therefore, the medical necessity of this request is not established.

Lumbar exercise kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that exercise is recommended. However, there is an absence in documentation noting that specialized equipment is required to perform a home exercise program. Therefore, the medical necessity of this request is not established.