

<b>Case Number:</b>	CM14-0085995		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & 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 47 year old male was reportedly injured on February 25, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 19, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar spine from L3-S1 with muscle spasms and guarding of the paraspinal muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment home exercises. A request had been made for Optimum home rehabilitation kit for the lumbar spine and was denied in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Optimum Home Rehab Kit Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Exercise kits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

**Decision rationale:** The progress note dated February 19, 2014 had recommended six sessions of physical therapy with emphasis on instruction on exercise that can be done at home safely. It is not stated that this instruction from physical therapy would include the need for a home exercise kit. Additionally, most exercise for the lumbar spine can be performed without the need of special equipment. As such, this request for an Optimum home rehabilitation kit for the lumbar spine is not medically necessary.