

Case Number:	CM14-0086565		
Date Assigned:	07/25/2014	Date of Injury:	02/03/2006
Decision Date:	10/08/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	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 Nevada and is licensed to practice in Physical Medicine and Rehabilitation. 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 injured worker is a 51-year-old gentleman who was reportedly injured on February 3, 2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated October 9, 2013, indicated that there were ongoing complaints of low back pain and urgency with urination. The physical examination demonstrated normal lumbar spine range of motion without pain. There was a positive Lasegue's sign on the left side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was unknown. A request was made for exercise equipment and was not certified in the pre-authorization process on May 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 3/13/2014 Exercise Equipment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment,

Decision rationale: Exercise of course is recommended for the lumbar spine however, exercise can be performed without the usage of specialized exercise equipment. Additionally, exercise equipment does not fit the Official Disability Guidelines criteria for durable medical equipment, which is an item, which can be repeatedly used by successive patients and is primarily and customarily used to serving medical purpose. For these reasons, this request is not medically necessary.