

<b>Case Number:</b>	CM13-0044220		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 35-year-old female who sustained an industrial injury on 03/30/2013. Diagnoses include cervical sprain/strain and lumbar intervertebral disc disorder with myelopathy. Treatment to date has included medications and physical therapy. According to the progress notes dated 6/14/13, the IW reported she was doing her normal duties and had lower back pain that prevented her from bending; the pain extended into the buttocks. Progress notes from 10/7/13 indicated the IW's back pain was worse, reporting moderate pain, stiffness, weakness and numbness in the lower back. On examination, the lumbar spine was moderately tender to palpation with spasms present. Straight leg raise was positive at 75 degrees and strength was 4/5 in the legs, bilaterally. An MRI of the lumbar spine on 7/5/13 showed degenerative spondylosis at L4-5 and L5-S1 and borderline left neural foraminal stenosis at L5-S1. Electrodiagnostic testing of the bilateral lower extremities on 7/9/13 was normal. A request was made for one lumbar spine rehabilitation kit. On 9/12/2014, the medication listed was Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Rehabilitation Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the treatment of musculoskeletal pain when standard treatment with NSAIDs, exercise and activity modification have failed. The records show that the patient had already completes supervised physical therapy treatments. There is no documentation of objective findings to show that a special Rehabilitation kit was necessary. The guidelines recommend that patients proceed with a home exercise program after completion of supervised physical therapy treatments. The criteria for lumbar spine Rehabilitation Kit were not met.