

Case Number:	CM13-0031577		
Date Assigned:	12/04/2013	Date of Injury:	10/06/2011
Decision Date:	01/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Medical Oncology 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 physician 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 patient is a 48-year-old male who reported injury on 10/06/2011. According to the documentation, the patient has been suffering from chronic neck, back, and right shoulder pain secondary to his work related injury. A cervical MRI revealed that the patient has disc protrusions with mild foraminal narrowing. The patient has been treated with oral narcotics as well as physical therapy but has not had any relief of his symptoms. The patient has been diagnosed as having displacement of cervical intervertebral disc without myelopathy at the C3-4 and C4-5 levels, brachial neuritis or radiculitis, nonspecified, cervical facet joint hypertrophy, thoracic or lumbosacral neuritis or radiculitis, unspecified, headaches, dysthymic disorder, and right C6 radiculopathy. On 10/14/2013, the patient underwent his first diagnostic cervical epidural steroid injection. He did state that he experienced a reduction in pain that began 2 days after the procedure, and reported a reduction in pain from 5 to 3 on a numeric rating scale of 0 to 10 with the lowest level of pain lasting for 4 days. On the most recent documentation dated 10/24/2013, the patient again was seen for complaints of frequent neck pain on the right side of his neck which he described as dull and aching. The physician is now requesting the purchase of a home exercise kit for the cervical spine and the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home exercise kit for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic intractable pain Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Home exercise kits..

Decision rationale: Exercise kits are not addressed under California MTUS Guidelines. However, it does state that there is no sufficient evidence to support the recommendation of any particular exercise measurement over any other exercise regimen. The patient was noted to have undergone physical therapy for treatment of his pain and should be well-versed in continuing with a conventional home exercise program. Therefore, as a cost effective measure, a home exercise kit is not considered medically necessary at this time. As such, the requested service is non-certified.