

Case Number:	CM14-0105090		
Date Assigned:	09/16/2014	Date of Injury:	11/12/2012
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Illinois. 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 36-year-old female who reported an injury on 11/12/2012. The mechanism of injury was due to a slip and fall. The injured worker has diagnoses of cervicalgia, lumbago, lumbar radiculitis/neuritis and severe depression. The injured worker's past medical treatments consist of the use of a TENS unit, chiropractic therapy, acupuncture therapy, ESIs, intradiscal electrothermal annuloplasty, extracorporeal shockwave therapy and medication therapy. Medications included ibuprofen and Naprosyn. The injured worker has undergone x-rays and MRI. On 04/16/2014, the injured worker complained of low back pain. Physical examination noted that the lumbar spine was tender to palpation over the paraspinal musculature. There was flexion of 60 degrees, extension of 25 degrees, left lateral flexion 25 degrees, right lateral flexion 25 degrees, left rotation 25 degrees, and right rotation 25 degrees. There was no tenderness to palpation over the spinous process. Inspection revealed normal lordosis. The medical treatment plan is for the injured worker to have access to a lumbar home exercise rehab program. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Home Exercise Rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Exercises.

Decision rationale: The request for Lumbar Home Exercise Rehab is not medically necessary. The California MTUS Guidelines state that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Official Disability Guidelines state that a home exercise kit is recommended. However, the injured worker was provided prior physical therapy and should be well versed in a home exercise program to address any deficits. Furthermore, there was no rationale provided by the provider indicating how a lumbar home exercise kit would be beneficial to the injured worker. There was also no provided documentation showing how previous conservative therapy had been beneficial or non-beneficial. Given the above, the request for Lumbar Home Exercise Rehab is not medically necessary.