

<b>Case Number:</b>	CM14-0108827		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 California. 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:

This injured worker is a 60 year old male with a reported date of injury of August 12, 2012. Mechanism of injury reported as the injured workers' right foot slipping, when he was depressing the rudder pedals of an airplane, while performing the regular duties of his occupation as a pilot. Diagnosis of Lumbago (724.2). MRI of the Lumbar Spine, on March 13, 2014, indicated a L5-S1 3.5mm diffuse-disc osteophyte complex which encroaches onto the left neural foramen, moderate to severe stenosis of the left neural foramen noted, central canal and right neural foramen with normal caliber, minimal disc osteophyte complexes noted at L2-L3, L3-L4 and L4-L5 without significant central canal or foraminal stenosis, no significant facet arthrosis noted at any level. Neurological surgery consult visit note, dated May 29, 2014, indicates the injured workers reports complaints of back pain radiating to the right leg that is associated with weakness and numbness sensation of the right leg and pain in the neck that radiates to the right hand and is associated with weakness and numbness sensation of the right hand. The injured worker reports that his back pain is improving with physical therapy and chiropractic treatment. The treating physician recommends continued physical therapy and chiropractic treatment twice a week for a period of six weeks. The work status, as of this office visit, is reported as temporarily totally disabled. No notes indicating need for a lumbar exercise kit were noted in the provided documentation. Utilization review note, dated June 11, 2014, indicates the current request for 1 purchase of lumbar exercise kit between June 2, 2014 and July 17, 2014. Prior utilization review denied request for Purchase of lumbar exercise kit on June 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of lumbar exercise kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic) Exercise

**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

**Decision rationale:** Per ODG, Exercise (in general) is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Furthermore, there is no description of the exercise equipment. There is no mention of any instruction, as well as the type and frequency of exercise, in the medical records. There is no explanation as to why the injured worker would need such an exercise kit versus simple isometric or isotonic exercise which is considered standard home exercise program. Moreover, it is not clear if the patient had prior training and is capable of applying the requested kit. Therefore, the medical necessity of the requested exercise kit cannot be established based on the submitted records.