

Case Number:	CM14-0109842		
Date Assigned:	09/16/2014	Date of Injury:	10/18/2013
Decision Date:	10/27/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family Medicine, 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:

The injured worker is a 43 year old female who reportedly was injured on 01/18/13 when she was sweeping the floor and lifted a bucket of water and felt low back pain. Per office note dated 07/18/14, the injured worker complains of on-and-off aching low back pain rated moderate to occasionally severe, with pain radiating to her waist, right scapula, right shoulder, right leg, right foot and bilateral knees with associated numbness and tingling. The injured worker also complains of intermittent worsening upper back pain moderate to occasionally severe, with pain radiating down to right elbow. The injured worker states she has less anxiety, depression and insomnia, and denies any suicidal ideation. She states her pain is well controlled with medications. The injured worker states that therapy and acupuncture helped decrease her pain temporarily, and she is able to do more ADLs. Examination of the cervical spine revealed tenderness to palpation with spasms of the bilateral upper trapezius muscles and bilateral rhomboids. Range of motion is limited secondary to pain. Compression, Spurling and Distraction are negative. Reflexes are equal and symmetric. Sensation is intact. Thoracolumbar exam revealed tenderness to palpation with spasms of the right quadratus lumborum muscle, right gluteal muscle, and tenderness to palpation of right sacroiliac. Range of motion is limited secondary to pain. Sitting root test is positive. Sensation is intact. Reflexes are 2+ at the bilateral patellar and Achilles. The injured worker may continue with her home exercise program. The injured worker was seen on 08/15/14 complaining of continuous neck pain and right upper extremity pain she also complains of continuous right low back pain associated with intermittent right lower extremity pain. Neurological examination on this date reported normal sensory and motor strength throughout; normal coordination; normal gait; bilateral and symmetrical reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page(s): 46-47.

Decision rationale: Per CA MTUS, exercise is recommended. 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The records reflect that the injured worker has normal motor strength, with intact sensation and reflexes. While continuation of a home exercise program for this injured worker is indicated, there is no need for any specialized equipment. The injured worker can perform progressive walking, stretching, and simple strength training using body weight for resistance. Based on the clinical information provided, the request for Home exercise kit for the cervical and lumbar spine is not medically necessary.