

Case Number:	CM14-0010449		
Date Assigned:	02/21/2014	Date of Injury:	02/20/2013
Decision Date:	07/14/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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:

Patient is a 33-year-old who has submitted a claim for lumbar intervertebral disk displacement without myelopathy associated with an industrial injury date of February 20, 2013. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain. Physical examination of the lumbar spine revealed tenderness, forward flexion at 50 degrees, and extension at 10 degrees. Straight leg raise test did not result to radicular pain. Motor and sensory examination were normal. Quadriceps reflexes were one 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. Hip range of motion was full. Patient was able to perform heel and toe walk. Treatment to date has included chiropractic care, epidural steroid injection, and activity restrictions. Utilization review from January 6, 2014 denied the request for MedX program two times a week for six weeks at spine and lumbar because there was limited evidence of exceptional factors or significant issues on the most recent exam that would support its need.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED X PROGRAM 2 X 6 AT THE SPINE AND SPORT LUMBAR: Upheld

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

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 Section, Lumbar Extension Exercise Equipment.

Decision rationale: The CA MTUS does not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that lumbar extension exercise is recommended as an option. A recent systematic review to determine the effect of lumbar spine-strengthening exercises concluded that trunk strengthening appears effective compared with no exercise, and increasing exercise intensity and adding motivation increases treatment effects. Studies support the positive effects of a lumbar extension muscle-strengthening program on pain, return to work, and strength of back muscles. In this case, patient complained of persistent low back pain despite physical therapy, chiropractic care, and activity restrictions. Appeal letter, dated January 4, 2014, cited that the Med-X core strengthening program is important because it allows adequate strengthening program with the core muscles to reduce the ongoing pain and provide support to the lumbar disc lesion. However, medical records submitted and reviewed failed to indicate weakness of core muscles. The most recent progress report cited that bilateral lower extremities have normal strength. There was no mention concerning weakness of abdominal or back muscles. There is no therapeutic indication for lumbar extension exercise in this case due to insufficient information. The request for Med X program at the spine and sport lumbar, twice weekly for six weeks, is not medically necessary or appropriate.