

Case Number:	CM14-0017506		
Date Assigned:	04/14/2014	Date of Injury:	04/04/2012
Decision Date:	05/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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:

This injured worker's date of injury is 04/04/2012. His treating physician is treating him for chronic low back pain arising from a "lumbar musculoligamentous sprain." As stated in the treating physician's note dated 12/17/2013, the patient had "shooting and aching" pain in the lower back that radiated down the left leg. On exam there was tenderness on palpation of the lumbar spine with spasms. The treating physician is requesting a "Lumbar Home Exercise Kit."

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HOME EXERCISE KIT: 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 Physical Medicine Section (9792.20-9792.26) Page(s): 98-99.

Decision rationale: This patient is being treated for chronic low back pain. The physician stated in his note that the patient already had "roughly 6 to 7 physical therapy treatments since the injury," with little relief. He did not provide additional treatment details. Physical therapy ought to be used under a clinician's supervision and the frequency should gradually become less. There is little documentation about the clinical rationale to try a lumbar home kit at this late stage of

treatment. The medical literature does not show any specific benefit for a lumbar home kit, so it cannot be recommended. The request for a "Lumbar Home Exercise Kit" is non-certified.