

<b>Case Number:</b>	CM14-0017514		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 53 year-old with a date of injury of 12/15/12. A progress report associated with the request for services, dated 01/15/14, identified subjective complaints of thoracic and lumbar pain. Objective findings included tenderness to palpation of the lumbar spine with painful range-of-motion. Diagnoses included thoracic spine disc syndrome; lumbar spine disc syndrome with radiculitis. Treatment has included home exercise, chiropractic, and an epidural steroid injection was considered. A Utilization Review determination was rendered on 02/03/14 recommending non-certification of "exercise rehab kit qty: 1.00".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXERCISE REHAB KIT QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 309.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends exercise for chronic pain conditions. There is no sufficient evidence to support one exercise regimen over another. They note that physical conditioning in chronic pain patients can have immediate and

long-term benefits. The Official Disability Guidelines (ODG) related to the low back notes that patients that use resistance training such as dumbbells, barbells, and other load-bearing exercise equipment have a significantly higher rate of improvement in pain and in function levels than those using aerobic training (jogging, treadmill, elliptical). The original non-certification was based upon lack of recommendation of one exercise program over another. However, that does not preclude a specific exercise program, which has shown benefit in low back pain. Therefore, the record does document the medical necessity for a lumbar rehab exercise kit.