Case Number:	CM14-0112234		
Date Assigned:	08/01/2014	**Date of Injury:**	02/11/2013
Decision Date:	09/16/2014	**UR Denial Date:**	06/19/2014
Priority:	Standard	**Application Received:**	07/17/2014

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 Interventional Spine 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 patient is a 60-year-old female with date of injury of 02/11/2013. The listed diagnoses per [redacted] dated 05/20/2014 are: 1. Shoulder sprain/strain bilaterally, and 2. Stomach pain.According to this report, the patient complains of stomach pain and discomfort. The patient reports bilateral shoulder pain. The patient also complains of lower back pain and discomfort that travels to both lower legs. The objective findings show there is decreased range of motion noted in flexion, extension, adduction, abduction, internal rotation, and external rotation of the shoulders. Speed's test is positive. Supraspinatus test is positive. There is decreased range of motion in the lumbar spine. Straight leg raise test is positive with associated pain into both lower extremities. Kemp's test was positive. The utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Exercise for Chronic pain: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. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burleson, 2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008) This meta-analysis concluded that there is gold level evidence that supervised aerobic exercise training has beneficial effects on physical capacity and fibromyalgia syndrome (FMS) symptoms, and strength training may also have benefits on some FMS symptoms. (Busch-Cochrane, 2007).

Decision rationale: The MTUS and ACOEM guidelines do not address this request; however, ODG on exercise for chronic pain states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. The report making the request is missing. It is not clear from documents provided what a lumbar rehab kit includes and what it would do outside of regular home exercises. Without knowing what is included in this lumbar rehab kit, authorization cannot be made. Therefore the request is considered not medically necessary.