

Case Number:	CM14-0116153		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2011
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation, 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 37-year-old female who reported a work related injury on 03/08/2011 due to assisting a student, injuring her low back. The injured worker's diagnosis consist of lumbar radiculitis. The injured worker's past treatment has included medications, physical therapy, pool therapy, acupuncture, activity modifications, a back brace, shockwave therapy, and other modalities. Diagnostic studies include an MRI of the lumbar spine dated 01/08/2013 which revealed L4-5 disc protrusion resulting in moderately severe spinal stenosis and S/L mild narrowing of the left neural foramen, an L5-S1 disc protrusion resulting in moderately severe spinal stenosis and bilateral foraminal narrowing. Upon examination on 06/09/2014, the injured worker reported that her low back pain was improving and underwent an epidural steroid injection on 05/14/2014. She rated her current pain a 7/10 on a VAS pain scale. Physical examination findings included decreased range of motion, tenderness, positive sciatic notch tenderness, and positive bilateral SLR. The injured worker's medications consist of Flexeril, Gabapentin, Motrin, and Tramadol. The treatment plan consisted of continued conservative therapy, a followup in 4 to 6 weeks, and an exercise kit. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 06/09/2014. The injured worker's diagnosis consists of lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Kit x 1: Upheld

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

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

Decision rationale: The request for exercise kit x 1 is not medically necessary. The California MTUS Guidelines indicate there is no evidence to support the recommendation of any 1 particular exercise program over another. In this case, it is not clearly stated why the injured worker needs specialized equipment or is incapable of participating in a home exercise program. Additionally, it is also not clearly stated what the home exercise kit represent or which body part and diagnoses it is intended to serve. As such, the request for a home exercise kit is not medically necessary.