

Case Number:	CM14-0155807		
Date Assigned:	09/25/2014	Date of Injury:	02/14/2013
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Geriatrics and is licensed to practice in New York. 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 39 year old woman with a date of injury of 2/14/13. She was seen by her acupuncture doctor on 7/11/14 with complaints of low back pain and lower extremity pain. She is status post physical therapy, chiropractic care and had ongoing acupuncture therapy. Her exam showed tenderness to palpation, decreased range of motion and decreased strength with muscle spasms. Her gait was painful. On 6/20/14, she was seen by her primary treating physician with complaints of back pain. She had an antalgic gait and was using a cane for mobility. Her lumbar spine range of motion was flexion to 50 degrees, extension to 20 degrees and lateral flexion to 20 degrees bilaterally. Her diagnoses were lumbar spine multilevel disc bulge and radiculitis/neuritis. At issue in this review is the request for a home exercise kit for her lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation (TWC) Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20
Page(s): 10-14.

Decision rationale: In this injured worker, physical therapy, chiropractic care and acupuncture have already occurred as modalities and a self-directed home exercise program should be in place. Patient education regarding home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. The records do not support the medical necessity for a home exercise kit in this injured worker. Therefore the request is not medically necessary.