

Case Number:	CM14-0158216		
Date Assigned:	10/01/2014	Date of Injury:	01/20/2014
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation, has a subspecialty 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 36-year-old male with a date of injury of 01/20/2014. The listed diagnoses per [REDACTED] are: 1. Lumbar spine enthesopathy, 2. Lumbar spine suspected spondylosis, 3. Obesity. According to progress report 08/25/2014, the patient presents with low back pain that radiates into both thighs. Examination of the lumbar spine revealed tenderness to palpation over the lumbar spine in the midline area. The paraspinal muscles are mildly tender to palpation. Both sacroiliac joints and sciatic notches are nontender to palpation. The treater is requesting a "lumbar spine exercise kit for an independent home exercise program." Utilization review denied the request on 09/11/2014. Treatment reports from 04/01/2014 through 08/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine: Home exercise.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This patient presents with continued low back pain. The treater is requesting a lumbar spine exercise kit for an independent home exercise program. ACOEM, MTUS, and ODG Guidelines do not discuss home exercise kits for the lumbar spine. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although exercise is recommended, it is unclear as to what the "home exercise kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. Recommendation is for denial.