

<b>Case Number:</b>	CM14-0179598		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 47-year-old female with an 11/12/13 date of injury. At the time (9/22/14) of the request for authorization for medical exercise strengthening program, there is documentation of subjective (weakness, low back pain) and objective (range of motion is full, the rest is illegible due to handwritten note) findings, current diagnoses (lumbar spine sprain/strain), and treatment to date (back brace). There is no documentation of functional deficits and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Exercise Strengthening Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar extension exercise equipment and Exercise

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning

and strengthening, are superior to treatment programs that do not include exercise. ODG identifies it is recommended as an option for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain. However, there is no documentation of functional deficits and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for medical exercise strengthening program is not medically necessary.