

Case Number:	CM14-0021749		
Date Assigned:	05/05/2014	Date of Injury:	10/08/2009
Decision Date:	07/09/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 10/08/2009 after a fall down stairs which reportedly caused injuries to the low back, left shoulder, and lumbar spine. The injured worker's treatment history included physical therapy, chiropractic care, epidural steroid injections, a TENS unit, acupuncture, and medications. The injured worker was evaluated on 01/13/2014. It was documented that the injured worker had continued pain complaints of the bilateral shoulders, lumbosacral spine, and cervical spine. Objective findings included tenderness to palpation of the cervical spine with painful range of motion, tenderness to palpation of the shoulders with decreased range of motion, and tenderness to palpation of the lumbosacral spine with spasming and decreased range of motion. The injured worker's diagnoses included herniated disc, cervical spine sprain/strain, lumbar spine sprain/strain, and shoulder sprain/strain. A request for a lumbar exercise kit was made on 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A LUMBAR HOME EXERCISE KIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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

Decision rationale: The requested purchase of a lumbar home exercise kit is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. However, Chronic Pain Medical Treatment Guidelines does not recommend 1 exercise program over another. The clinical documentation fails to provide any justification for the need of a home exercise kit. There is no documentation that the injured worker has failed to progress through a self-managed and self-directed home exercise program and would require additional equipment to maintain improvement levels. As such, the requested purchase of a lumbar home exercise kit is not medically necessary or appropriate.