

<b>Case Number:</b>	CM14-0026876		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Texas. 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 55 year old female who reported an injury on 07/02/2010 due to unknown mechanism of injury. The claimant has a history of lower back pain. Diagnoses include lumbago, lumbar radiculitis/neuritis (NOS), and enthesopathy of the knee. On examination dated 12/18/2013 the claimant had burning pain to the right forearm 3/10 that is frequently radiating to the right fingers with numbness and tingling; sharp burning pain to the low back rated 7/10, that is frequently radiating to the hips, left knee and foot. There is weakness bilaterally to the legs. Lumbar showed active flexion 35 degrees and extension 10 degrees. The treatments plan included MRI of the lumbar spine and left knee, nerve conduction velocity (NCV)/electromyography (EMG) of the lower extremity, physical therapy and home exercise kit for the lumbar spine. There is no documentation for medications received. Request for authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR HOME EXERCISE REHAB KIT:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines note that exercise is recommended. There is evidence that exercise programs, including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. In this case, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The patient has an ongoing complaint of pain to her lumbar area and legs; there is no documentation to support the need for a lumbar home exercise rehab kit. Therefore, the request for a lumbar home exercise rehab kit is not medically necessary and appropriate.