MAXIMUS Federal Services

Case Number:	CM14-0037477		
Date Assigned:	06/25/2014	Date of Injury:	10/16/2012
Decision Date:	08/20/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 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:

The claimant injured his neck and low back on 10/16/12. A cervical and lumbar kit is under review. On 10/16/13, he saw [redacted] and had pain in the neck and back areas with limited range of motion. Work conditioning was ordered. Work hardening was denied on 10/25/13. On 01/10/14, he still had low back pain with limited range of motion. His neck is not mentioned. He had an AME on 01/28/14. He reportedly was injured when he was sitting on a bar stool which collapsed and he fell onto his back and struck his head on a cement floor. He attended a course of physical therapy for this injury. He improved but once therapy ended he got worse again. He had intermittent cervical pain and constant low back pain with stiffness and low back spasms. He had weakness with his activities. He was taking some medications. He is status post anterior cervical interbody fusion and lumbar laminectomy in or about 2010. He is status post right total knee arthroplasty in April 2013. Neurologic examination was intact. His condition was considered to be stable status post cervical and lumbar surgery. He had an exacerbation in October 2012. He was limited to no heavy work. He could not do repetitive motions of the cervical spine or prolonged weightbearing. He was given an impairment rating. He was evaluated on 02/21/14 for low back pain, myofascialgia, status post lumbar surgery, and sacroiliitis and had ongoing pain with spasms and difficulty with prolonged sitting, standing, and walking. He was unable to perform most of his activities of daily living. He had reversal of the lumbar lordotic curve and palpable tenderness of the lumbar paraspinals and sacroiliac joints. He had triggering on the right side greater than the left side. He had difficulty with tiptoe and heel gait. Straight leg was positive bilaterally. He had decreased range of motion. Epidural injections were recommended for his low back. He was referred to pain management. On 03/03/14, he saw [redacted] and reported increased pain when performing a home exercise program. He had PT and acupuncture with limited improvement. MRI dated 10/26/12 showed

extensive postop changes of the cervical spine. There was moderate canal stenosis with cord compression and moderate to severe bilateral foraminal stenosis right greater than left at C5-6. There are findings at other levels. Injections and MRI of the lumbar spine were ordered. He was given topical medications. Failure of conservative treatment including PT and home exercise was documented and he showed limited improvement. There is no specific mention of a neck/back kit in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical and lumbar kit date of services 9/25/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Exercise.

Decision rationale: The history and documentation do not objectively support the request for a neck/low back kit. The ODG state exercise is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the claimant reported that home exercises increased his pain. His history of rehab to date is unclear, including whether or not his home exercise program was specifically evaluated. There is no clear evidence of failure of a reasonable home exercise program or specific indications for specialized equipment. The type of equipment that is to be included in this kit is not described. Therefore, it is not medically necessary.