

<b>Case Number:</b>	CM14-0042602		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Family Practice 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 44-year-old male who reported an injury on 01/22/2012. The mechanism of injury was not provided in the medical records. He was diagnosed with lumbar sprain. His past treatments were noted to include physical therapy and home exercises. His surgical history was noted to have included a lumbar laminectomy and fusion in 2013. On 02/20/2014, the injured worker presented for followup and rated his back pain 0/10 to 6/10. His physical examination revealed decreased range of motion of the lumbar spine, as well as decreased sensation in the left lower extremity. The treatment plan indicated that the injured worker would stop therapy and continue home exercise program, and recommendation was made for a home exercise kit. The rationale was not specified. The Request for Authorization form was submitted on 02/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation,2014,: DME Exercise equipment\, durable medical equipment

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

**Decision rationale:** According to the California MTUS Guidelines, exercise is recommended as treatment programs that include exercise have been shown to be superior to treatment program without exercise. However, the guidelines also state that there is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The clinical information submitted for review indicated that the injured worker was participating in a home exercise program. A recommendation was made for a home exercise kit. However, while the guidelines encourage exercise, it is noted that there is insufficient evidence to recommend 1 particular exercise over another. Therefore, the medical necessity of a home exercise kit cannot be established. As such, the request is not medically necessary.