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| Case Number: | CM14-0057476 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/10/2014 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 and is licensed to practice in Illinois. 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 45-year-old male with a reported date of injury on 01/10/2014. The injury reportedly occurred when the injured worker was picking up a wheelbarrow weighing approximately 150 pounds and felt a sharp pain in the low back. His diagnoses were noted include lumbago, lumbar radiculitis/neuritis, and anxiety. His previous treatments were noted to include medications. The progress note dated 01/29/2014 reported the injured worker complained of continuous pain to his low back with pain radiating to both legs, foot level. The patient increased with prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on his back. The pain was accompanied with numbness, weakness, tingling, and burning sensation in the right leg. The physical examination of the lumbar spine was reported as flexion was to 30 degrees, extension was to 20 degrees, and right/left lateral flexion was to 20 degrees. The injured worker was noted to have a positive Kemp's test, straight left raise to the right leg, and Deyerle's sign on the right. The request for authorization form was not submitted within the medical records. The request is for a home exercise kit for the lumbar spine. The physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for a home exercise kit for the lumbar spine is non-certified. The injured worker complained of low back pain and had a decreased range of motion. The California Chronic Pain Medical Treatment Guidelines recommend exercise due to strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatments that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Physical conditioning and chronic pain patients have immediate and long-term benefits, according to a low quality study. There was a lack of documentation regarding physical therapy being attempted prior to utilizing a home exercise lumbar kit and the request failed to provide the compartments of the kit as well. Therefore, the request is not medically necessary.