

<b>Case Number:</b>	CM14-0058500		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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:

According to the records made available for review, this is a 56-year-old male with a 9/24/10 date of injury. At the time (2/18/14) of the request for authorization for lumbar rehab kit, there is documentation of subjective (lower back pain, difficulty with activities of daily living) and objective (ranges of motion of the lumbar spine on observation without quantification are noted to be restricted secondary to pain, there is residual tenderness to palpation with associated muscle spasm formation, and persistent hyperesthesia on the left L5-S1 dermatomal distribution) findings, current diagnoses (status post lumbar spine laminectomy/discectomy in 1998 with residual inter vertebral disc disease syndrome, lumbar spine degenerative disc disease, and lumbar spine facet syndrome), and treatment to date (medication). There is no documentation that a home exercise programs is recommended, the patient has been taught appropriate home exercises by a therapist or medical provider, and a description of the exact contents of the kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Rehab Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exercise and Knee & Leg, Home Exercise Kit.

**Decision rationale:** MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended. Furthermore, Guidelines identify documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit, as criteria necessary to support the medical necessity of a home exercise kit. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine laminectomy/discectomy in 1998 with residual intervertebral disc disease syndrome, lumbar spine degenerative disc disease, and lumbar spine facet syndrome. However, there is no documentation that a home exercise programs is recommended, the patient has been taught appropriate home exercises by a therapist or medical provider, and a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for lumbar rehab kit is not medically necessary.