

Case Number:	CM14-0076962		
Date Assigned:	07/18/2014	Date of Injury:	08/23/2013
Decision Date:	08/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 43-year-old woman with a work-related injury dated 8/23/13 resulting in chronic low back and left shoulder pain. The patient is evaluated and treated by a chiropractic provider multiple times in 6/14. The pain in the low back is described as dull, achy, throbbing and with radiation to the left leg. The exam shows tenderness to palpation over the lumbar musculature and positive straight leg raising. The plan of care includes massage, acupuncture, infrared treatment and chiropractic manipulation. The diagnosis includes lumbago, L/S radiculitis and shoulder impingement syndrome. On 4/17/14, the primary treating physician ordered a Lumbar Home Exercise Kit. The physical exam showed a positive Deyerle's sign and Kemp's test on the left side. The use of the Lumbar Home Exercise Kit is under consideration, as it was not granted on 5/22/14 during utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar home exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines 9792.20-.26, page(s)46-47 Page(s): 46-47.

Decision rationale: The primary provider is recommending a Lumbar Home Exercise Kit for treatment of chronic low back pain with radiculitis. The documentation does not state what is in this kit or who will give instructions on use. According to the ACOEM, a trial of manipulation appears safe for patients with radiculopathy. Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, PENS units and biofeedback have no proven efficacy in treating acute low back symptoms. There is moderate evidence suggesting that back schools have better short-term effects than other treatments for chronic low back pain, and that such schools are more effective in an occupational setting than in a non-occupational setting. According to the MTUS, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In this case, the provider has prescribed a Lumbar Home exercise kit. There is no evidence to support one exercise regimen over any other and there is no documentation that this program emphasizes education, independence, and the importance of an on-going exercise regimen. The use of the lumbar home exercise kit is not medically necessary.