

Case Number:	CM14-0090002		
Date Assigned:	07/23/2014	Date of Injury:	03/29/2013
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records presented for review indicate that this 23 year-old individual was reportedly injured on 3/29/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 4/16/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation over the erector Spinae muscles bilaterally. No muscle spasms noted, but muscle guarding is present with range of motion testing. Positive straight leg raise bilaterally. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for home exercise kit, and was not certified in the per-authorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain, Exercise, page(s) 46-47.

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 - Lumbar & Thoracic (Acute & Chronic). Exercises, updated 7/3/2014.

Decision rationale: CA MTUS recommends exercise for treatment and prevention of low back pain. It appears that the chief success of the treatment of low back pain is physical activity in any form, rather than through any specific activity. Exercise is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than the subjective complaints. Therefore, no particular exercise regimen is recommended over any other. Also there was no objective clinical findings documenting the benefits of a home exercise kit. Therefore this request is deemed not medically necessary.