

Case Number:	CM14-0092933		
Date Assigned:	09/12/2014	Date of Injury:	03/26/2014
Decision Date:	11/12/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 45 year old with an injury date on 3/26/14. The patient complains of continuing lumbar pain with intermittent radiation to just below left knee per 4/17/14 report. The patient had minimal if any improvement with physical therapy per 4/17/14 report. Based on the 4/17/14 progress report provided by [REDACTED] the diagnosis is lumbar s/s with no improvement. Exam on 4/17/14 showed "L-spine range of motion slightly restricted, with flexion at 60 degrees straight leg raise positive at 60 degrees, sitting." The treatment history includes 6 sessions of physical therapy which was helpful, x-rays, MRIs, and is currently working with restrictions per 5/6/14 report. [REDACTED] is requesting lumbar exercise kit. The utilization review determination being challenged is dated 6/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/26/14 to 5/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6, 9.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg
(Acute and Chronic)

Decision rationale: This patient presents with back pain with radiation to left knee. The physician has asked for lumbar exercise kit on 4/17/14. The MTUS guidelines are silent regarding home exercise kits, so other guidelines were consulted. The ODG guidelines support home exercise kits for shoulder and knee conditions but does not discuss it for any other body parts. ACOEM further states that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Although exercise is recommended, the physician does not provide a useful discussion regarding the request. Without knowing what the "lumbar exercise kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. The request is not medically necessary.