

<b>Case Number:</b>	CM14-0195473		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 & 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 65 year old male with an injury date of 05/31/05. Based on the 10/01/14 report, the patient complains of cervical spine pain with stiffness, weakness and numbness. The patient has headache, sharp pain and muscle spasm associated with sleep issues. The physical exam shows that there is tenderness to palpation to the cervical spine. The range of motion of cervical spine is decreased and the patient uses a TENS unit. His diagnoses includes following: 1. Sprain/strain neck 2. Sprain/Strain shoulder-arm, unspecified 3. Sprain/Strain of wrist, unspecified The current medication is Flexeril. The treatment plan is to continue acupuncture 2x8 to improve strength, improve range of motion, and decrease pain. The patient continues to work. According to 10/15/14 report, the patient has been undergoing acupuncture treatment for the cervical spine 07/02/14 to 08/12/14 and continue to show improvement. The treating physician is requesting for Cervical Exercise Kit Purchase. The utilization review determination being challenged is dated 10/15/14. The requesting provider provided treatment reports from 06/18/14-10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Exercise Kit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand

**Decision rationale:** This patient presents with cervical spine pain. The request is for Cervical Exercise Kit Purchase. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "exercise kit" for cervical spine does not delineate what is included in the "kit." Without knowing what the "kit" is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The treater does not provide any useful discussion regarding his request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. The request is not medically necessary.