

<b>Case Number:</b>	CM14-0199627		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 50 year old patient with date of injury of 02/22/2013. Medical records indicate the patient is undergoing treatment for cervical sprain/strain, myofascitis, lumbar spine sprain/strain with radiculopathy and lumbar spine degeneration/herniation. Subjective complaints include thoracic, lumbar and cervical spine pain rated 7-8/10. Objective findings include tenderness with palpation over the cervical, thoracic and lumbar spine; positive Spurling's, drawers and McMurray's test on the right. MRI of lumbar spine dated 08/28/2014 revealed mild spondylosis L3 through S1, 3-4mm broad based posterior disc protrusion L3-L4, L4-L5 and L5-S1 with indentation and impingement on the anterior thecal sac without significant central spinal canal stenosis, elevation and stretching of the posterior longitudinal ligament at the L3-L4, L4-L5 and L5-S1 interspaces and annular tears of the L3-L4, L4-L5 and L5-S1 discs. MRI of cervical spine 08/28/2014 revealed C3-C4 2-3 mm right intraforaminal disc protrusion with mild right neural foraminal stenosis, C5-C6 and C6-C7 2-3mm posterior disc protrusion causing indentation and impingement on the anterior thecal sac without significant central spinal canal stenosis. EMG/NCS dated 08/25/2014 revealed normal EMG/NCS of the upper extremities. Treatment has consisted of acupuncture, physical therapy. The utilization review determination was rendered on 11/17/2014 recommending non-certification of Exercise Kit for the Lumbar Spine and Lumbar Spine Support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise Kit for the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Exercise.

**Decision rationale:** MTUS does not specifically refer to home exercise kits, but does state "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." ODG states regarding Home Exercise Kits, "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended." ODG states "Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision" Medical documentation provided did not fully explain what an exercise kit for the lumbar spine included. The treating physician has not provided medical rationale or reasoning to meet the above guidelines. As such, the request for Exercise Kit for the Lumbar Spine is not medically necessary.

**Lumbar Spine Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ( Lumbar and Thoracic), Lumbar Support.

**Decision rationale:** ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not

recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)". ODG states for use as a "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for Lumbar Spine Support is not medically necessary.