

<b>Case Number:</b>	CM14-0085255		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 65 year old male who was injured on 9/9/11. He was diagnosed with lumbar spine disc bulge, lumbar spondylosis, lumbar spinal stenosis, and lumbar facet arthropathy. On 3/17/14, the worker was seen by his primary treating physician reporting low back pain rated 5/10 on the pain scale (some illegible words in progress note). Physical findings showed decreased range of motion and positive femoral stretch test. He was then recommended to see pain management, see a neurosurgeon, and use home exercise equipment for his lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a home exercise rehabilitation kit.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back section, Exercise.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic back pain as it has strong evidence for its effectiveness. Exercise should be initiated

at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. The ODG also recommends exercise for acute and chronic back pain, with chronic back pain requiring more intensive exercising. While home exercise programs are of course recommended, advanced home exercise equipment are not covered under the ODG recommendations, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In the case of this worker, who had a history of lumbar spine pain, a request was made for a rehabilitation exercise kit for the lumbar spine. However, no more details were provided describing which tools were in this kit and how it would be used, in order to at least consider it an exception to the general recommendations. Therefore, considering the guidelines non-recommendation for any specialized equipment and not specifying which equipment would be used, the exercise kit will be considered medically unnecessary.