

Case Number:	CM15-0146023		
Date Assigned:	08/06/2015	Date of Injury:	12/14/2013
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 48-year-old female who sustained an industrial injury while lifting a heavy object, weighing more than 50 lbs. on 12-4-13. She reports that she lost her grip of the object, causing her to slip and fall backwards onto her back, neck, and shoulders. She reported initial symptoms of pin in her neck, mid back, and low back, as well as "not being able to stand right away". She reports that once she was assisted to a standing position, the pain "was so intense" that it caused her to vomit. She was, eventually, sent for medical treatment. She reports that x-rays were taken, which did not indicate "fractures" per the injured worker. She was sent home on pain medications and work restrictions. She was referred to an orthopedic surgeon and an MRI was completed on her lower back. She received "minimal therapy". In June 2014, she underwent x-rays of her cervical, thoracic, and lumbar spine. The following diagnoses were made: closed head trauma without loss of consciousness, cervical spine sprain, strain with cervicogenic headaches, thoracic spine, strain, lumbar spine sprain, strain, bilateral shoulder sprain, strain, and coccydynia. Treatment recommendations included chiropractic therapy, medications, an interferential unit, and lumbar support. The injured worker had also been seeing psychiatry for a diagnosis of adjustment disorder with mixed anxiety and depressed mood. She receives antidepressant and anti-anxiety medications. Throughout the course of her treatment, the injured worker has received physical therapy, medications, and "injections" to both shoulders. In April 2015, she was diagnosed with persistent symptomatic right and left shoulder impingement syndrome. In May 2015, records indicate a diagnosis of Baxter's Neuropathy. She was seen by podiatry in March 2015. Recommendations were to "continue treatment in terms of orthotics, night splints." By May 2015, the injured worker continued to complain of moderate to severe lower back pain associated with muscle spasms and limited range of motion in her lumbar spine. She rates the pain "8 out of 10" most of the time. However, it reaches "9 out of 10" during flare-ups. She also complains of pain over her right buttock, radiating to the posterior and lateral

aspect of her right thigh with numbness and tingling, which has increased in severity. In addition to above noted diagnoses, other diagnoses of lumbar disc herniation and sacroiliitis of both sacroiliac joints were given. Recommendations were for epidural steroid injection at level L4-5 and L5-S1, as well as an injection in the first right sacroiliac joint. Documentation expressed conservative treatment, including physical therapy, home exercise, and acupuncture as showing "limited improvement". In June 2015, the injured worker continued to complain of neck and back pain. It was documented that her diabetes was "not controlled", therefore "unable to apply cortisone injections". There was no change in her functional status and "no treatment" since her last visit. Physical therapy was ordered for home exercise program instructions, as well as the home exercise program kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise program (HEP) kit for cervical, lumbar spine and bilateral shoulders:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Exercise.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, home exercise program (HEP) kits for the cervical, lumbar spine and bilateral shoulder are not medically necessary. The guidelines recommend exercise. There is strong evidence that aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. In this case, there were no diagnoses documented in the medical record progress note. The date of injury is December 4, 2013. Request for authorization is June 22, 2015. According to a physical therapy progress note, the worker received 24 physical therapy sessions. There are no subjective complaints or objective clinical findings in the progress note. Additionally, there is a provider progress note that states "prescription only". There are no subjective complaints or objective clinical findings. There is no clinical indication or rationale based on the content progress notes in the medical record for home exercise program for the cervical, lumbar spine and bilateral shoulders. Consequently, home exercise program (HEP) kits for the cervical, lumbar spine and bilateral shoulder are not medically necessary.