

Case Number:	CM15-0148460		
Date Assigned:	08/11/2015	Date of Injury:	10/18/2013
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female, who sustained an industrial injury on October 18, 2013, incurring low back injuries. She was diagnosed with a lumbar spine sprain, pelvic sprain, lumbar degenerative joint disease with disc protrusion and foraminal stenosis, lumbar annular tear, and left lumbar radiculitis. Treatments included chiropractic sessions, physical therapy, epidural steroid injection, H-wave unit, acupuncture, transcutaneous electrical stimulation unit, medication management and activity restrictions. Currently, the injured worker complained of persistent aching soreness in the center and left lower back radiating to the buttock and left leg into her ankle. She denied numbness and tingling to the lower extremities. The treatment plan that was requested for authorization included a home exercise kit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter on Home Exercise kits.

Decision rationale: The patient presents on 06/24/15 with unrated lower back pain, which radiates into the left buttock and anterior left lower extremity. The patient's date of injury is 10/18/13. Patient has no documented surgical history directed at this complaint. The request is for HOME EXERCISE KIT FOR THE LUMBAR SPINE. The RFA was not provided. Physical examination dated 06/24/15 reveals tenderness to palpation of the lumbar paraspinous ligaments from L4 through the sacrum, the left erector spinae muscles and left sciatic notch. Neurological examination of the lower extremities is unremarkable. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently not working. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise." ODG Guidelines under the Knee and Leg Chapter on Home Exercise kits states, "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." In regard to the request for a home exercise kit for this patient's lumbar spine, the requesting physician has not documented the true rationale of the home exercise kit. Regarding this kit, progress note dated 06/24/15 has the following: "██████████ should be provided with a home exercise kit, for the performance of her lumbosacral spine home exercise program, as taught by her physical/rehabilitation therapist." While exercise is recommended in ACOEM and ODG guidelines, the current request for "home exercise kit for the lumbar spine" does not delineate what such kits entail, or why traditional exercises are insufficient. Without knowing what this kit is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The physician does not provide any useful discussion regarding his request, what exercises are to be performed, and what kind of monitoring will be done. Therefore, the requested home exercise kit for the lumbar spine IS NOT medically necessary.