

<b>Case Number:</b>	CM15-0030138		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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:

This 45-year-old male sustained an industrial injury on 8/12/10, with subsequent ongoing low back pain. Treatment included physical therapy, epidural steroid injections and medications. In a PR-2 dated 1/5/15, the injured worker complained of low back pain 8/10 on the visual analog scale that increased with driving and prolonged sitting. The treatment plan included additional physical therapy to establish a home exercise program. In a PR-2 dated 2/12/15, the injured worker complained of ongoing lumbar spine pain 8/10. The injured worker had a recent orthopedic surgery evaluation with recommendation for lumbar spine fusion from L5-S1. Current diagnosis was lumbar spine strain/sprain secondary to spondylolisthesis with disc herniation and pars defect. On 1/16/15, Utilization Review modified a request for home exercise kit to home exercise kit to include an exercise ball, air pump, backnobber II, exercise band kit, towel and travel bag, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Home exercise kits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines , Low Back chapter, Exercise.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for 1 HOME EXERCISE KIT but the requesting progress report is not included in the provided documentation. The utilization review letter dated 1/19/15 quotes a 1/5/15 progress report, stating that the treatment plan was to order a lumbar spine exercise kit which included an exercise ball, air pump, backnobber, exercise band kit, towel, and travel bag. In this case, the patient has chronic back pain. The utilization review letter dated 1/19/15 quotes a 1/5/15 progress report, which states the exercise kit is being ordered for instruction on a home exercise program. The patient is attending physical therapy per 9/3/14, which "helps briefly." The patient had 6 out of 8 physical therapy sessions with persisting pain per 10/9/14 report. ODG guidelines support home exercise kits for shoulder and knee conditions but does not discuss it for any other body parts. 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 are superior to treatment programs that do not include exercise." ODG guidelines Low Back Chapter Exercise topic states that exercise is recommended for treatment and prevention. In this case, patient has a chronic pain condition of the back. The patient has failed conservative treatment, including 6 sessions of physical therapy with limited benefit. ODG does provide some support for Home Exercise kits in the Shoulder and Knee and Leg chapters, and exercise is recommended by ODG and ACOEM for lower back pain. A home exercise kit may be quite helpful in aiding the patient with transitioning to a home exercise program. The request IS medically necessary.