

<b>Case Number:</b>	CM15-0036256		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: District of Columbia, Virginia  
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 27 year old male who sustained an industrial injury on 06/13/14. He reports he has returned to work without restrictions and seems to be tolerating the pain in his back and hernia repair. Diagnoses include lumbar spine discopathy, and right inguinal hernia. Treatments to date include medications and surgical treatment of the hernia. In a progress note dated 12/15/14, the last date for which progress notes were available for review in the submitted record, the treating provider makes no treatment recommendations. On 02/13/15 Utilization Review non-certified a lumbar rehabilitation kit, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar rehab kit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 46-47.

**Decision rationale:** Per MTUS: Exercise Recommended. There is strong evidence that exercise programs, including 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 exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006). Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burleson,2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008).The patient had back pain issues. As per guidelines, a home exercise kit would be appropriate.