

Case Number:	CM14-0127923		
Date Assigned:	09/10/2014	Date of Injury:	08/02/2013
Decision Date:	10/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 45-year-old male with a date of injury of 08/02/2013. The listed diagnoses per [REDACTED] are cervicolumbar sprain with disk protrusion, bilateral shoulder sprain with AC osteoarthritis/tendinitis, and gastritis secondary to NSAIDs. According to [REDACTED] most recent progress report from 02/03/2014, the patient presents with neck and low back pain. MRI of the lumbar spine from 12/10/2013 revealed posterior annular tear in the intervertebral disk at L3-L4 with 3-mm disk bulge and bilateral exiting nerve root compromise. The treater recommends a cold therapy unit and lumbar exercise kit for treatment of sequelae arising out of his industrial injury. Utilization review denied the request for the lumbar exercise kit on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines chapter:12,page 309

Decision rationale: The 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." Although exercise is recommended, it is unclear as to what the "home exercise kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. The request is not medically necessary and appropriate.