

<b>Case Number:</b>	CM14-0139030		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/12/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 46 year old male with an injury date of 12/12/05. Per the 07/29/14 report by ■■■■■ the patient presents with increased lower back pain with a constant burning sensation rated 6/10 traveling to the left calf with tremor and spasm. Examination of the lumbar spine reveals mild tenderness and spasm with positive straight leg raise on the left and positive Kemp's on the left. The patient is noted to be "return to modified duty." The patient's diagnoses include: 1. Lumbar spine L4-5 disc protrusion 2. "Nerve Comp--NFS" 3. "L Radic" Please note, this report is handwritten and partly illegible. The utilization review being challenged is dated 07/31/14. Treatment reports from 12/23/13 to 07/29/14 were provided.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with lower back pain rated 6/10 traveling to the left calf with tremor and spasm. The treating physician requests for a home exercise kit. ODG guidelines state the following regarding Home exercise kits under the Shoulder (Acute & Chronic) section, "Recommended. See Exercises, where home exercise programs are recommended; & Physical Therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)" In this case, the patient has been documented to be receiving physical therapy on 06/10/14. Home exercise kits are recommended by ODG; therefore, the request is medically necessary.