

<b>Case Number:</b>	CM14-0148273		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 56 year old female with an injury date of 11/07/12. The 07/15/14 progress report by [REDACTED] states that the patient presents with cervical and lumbosacral spine pain that varies throughout the day and is rated 8/10. The patient is currently working with light duties and restrictions. Examination shows range of motion of the cervical spine is decreased due to pain in all planes and spasm. Palpation of the lumbar spine reveals frequent sharp pain radiating to the thoracic spine with tingling. Range of motion of the lumbosacral spine is decreased due to pain in all planes and spasm. The patient's diagnoses include: Cervical spine severe stenosis, Lumbosacral spine stenosis, Bilateral lumbar radiculitis at L5. Medication is listed as Flurbiprofen, Tramadol, gabapentin, Amitriptyline, and Dextromethorphan. The utilization review being challenged is dated 08/11/14. The rationale is that there is no evidence of the medical necessity of home exercise kits for the performance of an ongoing exercise program. Reports were provided from 02/03/14 to 07/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Home Exercise Rehab Kit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure Summary, Durable Medical Equipment (DME)

**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), Low Back Chapter Exercise topic

**Decision rationale:** The patient presents with cervical and lumbosacral spine pain rated 8/10. The treater requests for lumbar home exercise rehab kit. ACOEM, MTUS, and ODG Guidelines do not discuss home exercise kits for the lumbar spine. 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 do discuss home exercise kits in the Shoulder and Knee and Leg Chapters. The ODG Guidelines and Low Back Chapter Exercise topic states that exercise is recommended for treatment and prevention. Key to success is physical activity in any form rather than through any specific activity. ODG also discusses Durable Medical Equipment under the Knee and Leg chapter. The treater does not discuss this request in the reports provided. The 04/28/14 treatment plan shows this request under Durable medical equipment. The reports provided show the patient underwent a course of acupuncture treatment from 02/11/14 to 03/11/14 and the 07/15/14 report states, "PT maxed." In this case, ODG does provide some support for Home Exercise kits in the Shoulder and Knee and Leg chapters, exercise is recommended for by ODG and ACOEM for lower back pain and a home exercise kit may be quite helpful in aiding the patient with home exercises. The request is medically necessary.