

Case Number:	CM14-0149276		
Date Assigned:	09/18/2014	Date of Injury:	04/30/1997
Decision Date:	11/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker complains of chronic neck and back pain stemming from an injury on 4/30/1997. She also has numbness and tingling of the upper extremities. She complains of neck and back pain with numbness and tingling to the upper extremities. Her physical examination is listed as "neurologically unchanged" on 4 separate occasions. Her diagnoses are cervical and lumbar spondylosis although it appears that MRI scanning and electrodiagnostic studies had yet to be approved as of 6-16-2014. She was reported to be doing "a little bit better" on that date and had been doing some exercises at home. She was taking her medications as needed. A TENS unit was discussed as was a home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise kit: Upheld

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), Low Back, Exercise.

Decision rationale: With regard to low back pain, exercise is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back pain (LBP). So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. The guidelines specifically address exercise kits with regard to the shoulder and knee/leg only. In this instance, the provided documentation speaks generally about slight improvement symptomatology and that the injured worker has been doing some exercises at home as well as using some durable medical equipment. As such, there is no documentation of progress as a result of an exercise kit, this request is not medically necessary.

TENS supplies: Upheld

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) Low Back, Transcutaneous Electrical Stimulation

Decision rationale: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic low back pain (LBP). There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. In this instance, there is no objective evidence of improved pain or functionality as a consequence of TENS use. The physical examinations from March 2014 through August 20 of 2014 stated that the injured worker is neurologically unchanged and that she continues to complain of neck and back pain. Therefore, this request is not medically necessary.