

<b>Case Number:</b>	CM14-0172748		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 North Carolina. 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 35-year-old with a reported date of injury of 03/06/2013. The patient has the diagnoses of lumbar sprain/strain with lower extremity radiculitis. Per the most recent progress notes provided for review from the primary treating physician dated 08/2014, the patient had complaints of lumbar stiffness with radiation of pain to the bilateral lower extremities. Most of the note is illegible and there are no objective abnormalities noted. The treatment plan recommendations included pain management and chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Kit (Exer ball, air pump, backnobber II, Exer Band Kit, Travel bag):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on home exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. The California MTUS does recommend home exercise in the treatment of chronic pain. There is no evidence however to recommend one specific exercise program. There is no indication in the provided documentation why the patient would need these specific items in a home exercise program versus self-directed exercise as prescribed from a physician. Therefore the request is not medically necessary.