

Case Number:	CM14-0216746		
Date Assigned:	01/06/2015	Date of Injury:	07/30/2013
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained work related industrial injuries on July 30, 2013. The mechanism of injury involved a slip and fall on the rooftop. The injured worker subsequently complained of coccyx and tailbone pain, right hip and thigh pain, right knee pain and right foot pain. The injured worker was diagnosed and treated for lumbago, lumbar spine radiculitis/neuritis, enthesopathy of hip and ankle sprain/strain. On July 12, 2014, the injured worker underwent therapeutic medial branch blocks to the lumbar facets at L4-L5, and L5-S1 and a caudal epidural steroid injection at L5-S1. Treatment also consisted of diagnostic studies, radiographic imaging, prescribed medications, acupuncture, physical therapy, consultations and periodic follow up visits. Per treating provider report dated October 22, 2014, physical exam revealed an antalgic gait. Lumbar spine revealed positive straight leg raise on the right, positive Deyerle's sign on the right and positive Kemp test. Right thigh and hip revealed tenderness to palpitation of the right hip and pain with passive and external rotation of the right hip. There was limited range of motion on the right thigh/hip due to pain. Examination of the right ankle revealed tenderness to palpitation. The injured worker had pain with passive eversion and inversion of the right ankle. Documentation noted that the injured worker reported poor results from acupuncture and physical therapy. As of October 22, 2014, the injured worker was placed on modified work duty. The treating physician prescribed services for 1 lumbar exercise kit now under review. On December 8, 2014, the Utilization Review (UR) evaluated the prescription for 1 lumbar exercise kit requested on December 3, 2014. Upon review of the clinical information, UR non-certified the request for 1 lumbar exercise kit, noting the lack of physical findings, the lack

of clinical documentation describing items contained in the kit or benefits, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise

Decision rationale: The MTUS and ODG state that home exercise programs are "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." Per both the MTUS and ODG, home exercise programs do benefit patients and are recommended. In this case, the medical records fail to outline the type of exercises recommended, education to instruct the patient on the exercises, how the treatments will be monitored and how the kit is necessary for his home exercise program. They also fail to document baseline data and goals for the treatments. Since it is unclear how the kit will benefit the patient's home exercise program and lack of documentation on the necessity for this kit, request for kit, lumbar exercise #1 is not medically necessary.