

Case Number:	CM14-0216867		
Date Assigned:	01/06/2015	Date of Injury:	07/16/2013
Decision Date:	03/03/2015	UR Denial Date:	12/17/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old female injured worker suffered an industrial injury on 7/16/2013 while working, she got out of the care and felt the right lower back hurt. She sought care on 7/23/2013 where the provider revealed on exam mild to moderate tenderness with spasms to the lumbar muscles. Treatment included ice and medications. The diagnosis was "strain back, lumbar sacral joint". The provider visit of 11/10/2014 revealed the injured worker complained of low back pain with bilateral lower extremity pain along with constant pain, stiffness and numbness. The exam revealed joint pain with spasms. The UR decision on 12/17/2014 non-certified the request for a home exercise kit as there was no documentation of medical necessity to support the need.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME EXERCISE KIT (THROUGH [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Medical Treatment Guidelines

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

Decision rationale: The request is for 1 home exercise kit (through [REDACTED] are). Unfortunately, the RFA and/or medical report that discusses the kit was not provided for this review. This exercise kit was apparently requested in November 2014, but the only records provided for review are from 2013. MTUS Chronic Pain Medical Treatment Guidelines, for exercise, pages 46-47 states: There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is no discussion of what the exercise kit for the low back injury is composed of. MTUS recommends exercises, but states there is no evidence to recommend any particular exercise regimen over any other exercise regimen. There are no reports available that explain why the exercise kit is needed. The request for 1 home exercise kit (through [REDACTED]) IS NOT medically necessary.