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| <b>Case Number:</b>   | CM15-0104700 |                              |            |
| <b>Date Assigned:</b> | 06/09/2015   | <b>Date of Injury:</b>       | 06/08/2014 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 is a 61 year old male, who sustained an industrial injury on 6/8/2014. He reported injury from repetitive motions. The injured worker was diagnosed as having insomnia, adjustment disorder due to chronic pain, cervical sprain/strain, muscle spasm, lumbosacral sprain/strain, upper arm/shoulder strain and lumbosacral neuritis/radiculitis. Lumbar magnetic resonance imaging showed lumbar 3-5 focal disc protrusion and early disc desiccation noted at lumbar 1-2. Treatment to date has included therapy and medication management. In a progress note dated 4/2/2015, the injured worker complains of low back pain radiating to the right lower extremity, rated 6/10. Physical examination showed limited range of motion secondary to pain and tenderness to the lumbar paraspinal muscles. The treating physician is requesting a home exercise kit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit, lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Home exercise kits. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Home exercise kits "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." There is no documentation that the patient was certified for home exercise and the request for Home exercise kit, lumbar spine is not medically necessary.