Case Number:	CM15-0117182		
Date Assigned:	06/25/2015	**Date of Injury:**	03/13/2000
Decision Date:	08/05/2015	**UR Denial Date:**	05/27/2015
Priority:	Standard	**Application Received:**	06/18/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on 3/13/00. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic lumbar intervertebral disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included home exercise program; medications. Currently, the PR-2 notes dated 3/30/15 indicated the injured worker returns to the office for an orthopedic re-evaluation and treatment. He continues to complain of residual pain over his bilateral sacroiliac joints, right greater than left. The pain is improved with medications and intermittently radiates down both legs and is associated with numbness and tingling. The pain is aggravated by any sort of twisting, bending, or direct pressure of the sacroiliac joints. He was last provided medications on 4/27/15 which included Fexmid, Paxil, Ultram, Norco, as well as a topical cream compound. The provider documents a physical examination of the lumbar spine noting a well healed incision at the midline lumbar area. There is tenderness to palpation over the bilateral sacroiliac joints right greater than left. Fabere and Patrick's test were positive as well as straight leg raise at 20 degrees bilaterally. Motor examination notes 5/5 in the bilateral upper extremity and lower extremities with normal bulk and tone. Sensory is diminished to light touch and pinprick at the bilateral S1 dermatomal distribution. Deep tendon reflexes are 1+ throughout and both toes are down going. Hoffman's and Clonus signs are negative. The provider is requesting authorization of a home exercise program cautious basis for the lower back as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home exercise program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are 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 program. 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. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burleson, 2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008) Based on the provided clinical documentation for review and the MTUS recommendations, a home exercise program would be medically indicated and the request is medically necessary.