

<b>Case Number:</b>	CM15-0118366		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male, who sustained an industrial injury on 3/4/05. He reported initial complaints of fell off the back of a truck injuring his back. The injured worker was diagnosed as having thoracic and lumbar spine sprains; lumbar disc displacement; spinal stenosis lumbar; spinal degenerative disc lumbar. Treatment to date has included status post lumbar surgeries (last date 10/20/11 fusion L2-S1); physical therapy; medications. Diagnostics included x-ray lumbar spine (10/22/11). Currently, the PR-2 notes dated 5/26/15 indicated the injured worker complains presents for a consultation. The injured worker describes intense pain in his lower back and pain radiating down his legs to his toes. He feels his pain has increased overtime. He reports translumbar low back pain and intermittent pain down his legs which begins immediately following standing. The pain radiates down the legs to the soles of his feet. He reports the pain is 10/01 occurring last month in relationship to a hospitalization but more generally his pain ranges 5-6/10 with very little variation He feels better with relaxing, sitting, cold, use of alcoholic drinks and medicines. He awakens at night more than three times with pain. He uses a CPAP and has interventional therapies done prior to surgeries which were not effective. He used a TENS unit for a period of time but it no longer has a personal unit. He has tried physical therapy, chiropractic massage and cold therapy with some limited success. Clinical history notes comorbid obesity, adult onset diabetes, obstructive sleep apnea, pulmonary emboli, atrial fibrillation, degenerative joint disease with bilateral total knee arthroplasties planned when he is able to reach a target weight which he cannot recall. The provider documents the injured worker stopped drinking 2/2015. His weight is 308# with height 6'0". The provider is requesting authorization for an Independent exercise 2-3 times a week for a year (144 visits) for the lumbar spine to assist in weight loss.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Independent exercise 2-3 times a week for a year (144 visits) for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Exercise.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in March 2005 and continues to be treated for radiating back pain. Treatments have included lumbar spine surgery and physical therapy. When seen, there was decreased and painful lumbar spine range of motion with muscle spasms. There was decreased right shoulder range of motion. The claimant's BMI is nearly 42. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. This request for supervised exercise sessions is not medically necessary.