

Case Number:	CM15-0124249		
Date Assigned:	08/12/2015	Date of Injury:	08/27/2004
Decision Date:	09/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 59-year-old male who sustained an industrial injury on 08-27-04. Initial diagnoses and treatments are not available. Current diagnoses include lumbar disc syndrome with myelopathy, and lumbar radiculopathy with radiculitis of both lower extremities. Diagnostic testing and treatment to date has included radiographic imaging, EMG-NCV, and symptomatic medication management. Currently, the injured worker complains of lower back pain. In a progress note dated 03-20-15, examination of the lumbar spine is significant for paraspinous tenderness, and range of motion is decreased. Straight leg raise and crossed straight leg raises are positive on the right. Femoral stretch test on the right and left produced back pain and was positive. Current plan of care is home exercise. The treating physician reports no plan of care for pain medication; the injured worker is already on morphine for malignant metastatic disease. Requested treatments include 1 home exercise kit. The injured worker is permanently disabled. Date of Utilization Review: 05-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home exercise kit: 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) Integrated Treatment / Disability Duration Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Exercise.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one home exercise kit is not medically necessary. The guidelines recommend exercise. There is strong evidence that a aerobic conditioning and strengthening our 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. In this case, the injured worker's working diagnoses are lumbar disc syndrome with myelopathy; lumbar radiculopathy with radiculitis bilateral lower extremities; malignant metastatic disease of the lung as well as liver; diabetes and hypertension. The date of injury is August 27, 2004. Request for authorization is February 20, 2015. According to a February 20, 2015 progress note, subjectively be injured worker is following up the low back pain with a 3 mm disc bulge and a recent diagnosis of lung cancer. Objectively, there is tenderness to palpation of the lumbar spine with decreased range of motion. The treatment plan indicates the treating provider order DME equipment to include a home exercise. There is no clinical rationale in the medical record for DME equipment to include a home exercise. Consequently, absent clinical documentation with a clinical rationale for DME equipment to include a home exercise kit, one home exercise kit is not medically necessary.