

Case Number:	CM15-0177430		
Date Assigned:	09/18/2015	Date of Injury:	12/05/2014
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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 31 year old male, who sustained an industrial injury on 12-05-2014. He has reported injury to the head, neck, left shoulder and arm, and low back. The injured worker has been treated for post-concussive syndrome; cervical herniated disc protrusion with left upper extremity radiculopathy; left shoulder myoligamentous injury; left elbow partial tear of the common extensor tendon and lateral collateral ligament; lumbar herniated disc with left lower extremity radiculopathy; and lumbar myoligamentous injury with right lower extremity radiculopathy. Treatment to date has included medications, diagnostics, injection, and physical therapy. Medications have included Percocet, Zanaflex, Anaprox, Neurontin, Topamax, Norco, and Prilosec. A progress report from the treating physician, dated 07-16-2015, documented a follow-up visit with the injured worker. The injured worker reported continued pain in his neck with constant headaches that is ringing in his right ear, which radiates down to his left shoulder and left upper extremity with numbness in his left hand; he did experience an episode where his fingers turned blue, was not associated with any components of pain, and which lasted approximately 30 minutes; since then he has not had recurrence of symptoms in his left fingers; he noticed that he has been more forgetful with decreased attention spasm; spasms of the low back; he was given a cane due to his low back and left calf; he attended about six sessions of physical therapy for the left shoulder and arm which really is not helping; and he reports between 30-40% pain relief after he takes 1 tablet of Norco, which lasts 3 to 4 hours. Objective findings included he is in mild to moderate distress; tenderness to palpation bilaterally of the posterior cervical musculature with increased muscle rigidity; there are numerous trigger points that are

palpable and tender throughout the cervical paraspinal muscles; there is decreased range of motion with obvious muscle guarding; positive Spurling's sign to the left; sensory exam with pinprick wheel is decreased along the posterolateral arm and lateral forearm with profound sensory loss in ulnar nerve distribution to the fifth and half of the fourth digit; tenderness to palpation bilaterally to the posterior lumbar musculature with increased muscle rigidity; there are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; there is decreased range of motion with obvious muscle guarding; mild antalgic gait favoring the left lower extremity; sensory exam with pinprick wheel is decreased along the posterolateral thigh and lateral calf in about the L5-S1 distribution; the straight leg raise is positive on the left and the right; and there is tenderness to palpation over the left shoulder with decreased range of motion. The treatment plan has included the request for lumbar rehab kit. The original utilization review, dated 08-18-2015, non-certified a request for lumbar rehab kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rehab 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, Shoulder Chapter, Home Exercise Kits.

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 December 2014 when, while working inside a column that was being filled with concrete, the concrete hose broken and he was struck by debris and wet concrete. He continues to be treated for neck and low back pain, left shoulder pain, and postconcussive syndrome. Prior treatments have included physical therapy. When seen, he was having increasing neck pain with headaches and left upper extremity radicular symptoms. He was having left hand numbness. Physical examination findings included appearing in mild to moderate distress. His BMI was 41. There was decreased cervical and lumbar spine range of motion with increased muscle rigidity, tenderness, and trigger points. Spurling's testing was positive. There was positive straight leg raising with decreased left lower extremity strength and sensation. There was decreased left shoulder range of motion with tenderness. Authorization is being requested for a home exercise kit with unspecified contents for the lumbar spine. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require specialized equipment. There is no recommendation for use of a home exercise kit for the lumbar spine. The requested lumbar home exercise kit is not medically necessary.