

<b>Case Number:</b>	CM15-0177434		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 (IW) is a 31 year old male who sustained an industrial injury on 12-05-2014. The injured worker was diagnosed as having Cervical Herniated disc protrusion with left upper extremity radiculopathy (MRI 03-25-2015). Left shoulder Myoligamentous injury, and Lumbar herniated disc (MRI 02-18-2015) with left lower extremity radiculopathy. Treatment to date has included physical therapy and medications including Percocet, Anaprox, Neurontin, Zanaflex, Topamax, Prilosec, medicinal Marijuana and Norco. In the provider notes of 08-10-2015, the injured worker complains of increased neck pain with cervicogenic headaches and radicular symptoms in his left upper extremity with numbness in his left hand. Examination of the posterior cervical musculature reveals tenderness to palpation with increased muscle rigidity and numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. He has decreased range of motion with muscle guarding and a positive Spurling's sign to the left. Cervical spine range of motion in degrees is as follows: Flexion: 30, Extension: 30, Right lateral bend: 30 Left lateral bend: 30, Right rotation: 60, and Left rotation: 60. Reflexes are 2 of 4 with the exception of the triceps which is 1+ out of 4 on the left. Strength is rated as 4 out of 5 in the shoulder abductors, elbow flexors, elbow extensors, wrist flexors and wrist extensors bilaterally. He has decreased sensation along the lateral arm and forearm in the left upper extremity in approximately C5-6 distribution. There is also profound sensory loss in the ulnar distribution in half of a fourth digit and fifth digit. Examination of the lumbar spine reveals tenderness bilaterally in the posterior lumbar muscles with increased rigidity. Numerous trigger points are

palpable and tender throughout the lumbar paraspinal muscles. He has decreased range of motion with obvious muscle guarding and his gait is mildly antalgic favoring the left lower extremity. Lumbar spine range of motion in degrees is as follows: Flexion: 45, Extension: 15, Left lateral bend: 20, right lateral bend: 20. Strength is rated 4 out of five throughout the left lower extremity, and he has decreased sensation in an L5-S1 distribution. Straight leg raise in the modified sitting position is positive at 45 degrees on the left and 60 degrees on the right. The worker has tenderness to palpation over the left shoulder, and no shoulder subluxation is noted. Shoulder range of motion is significantly decreased on the left with measurements in degrees as follows: Flexion 90, Extension 50, Abduction 90, Adduction 50, Internal rotation 45, and external rotation 45. The right shoulder range of motion measurements in degrees is: Flexion: 180, extension: 50, abduction: 160, adduction: 50, internal rotation: 90, and external rotation: 90. Treatment plan included diagnostic cervical epidural steroid injections at C6-7, trigger point injections, medications, outpatient physical therapy, and a home physical therapy kit. A request for authorization was submitted for a Cervical Rehabilitation Kit purchase. A utilization review decision 08-18-2015 non-certified the request.

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

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

**Cervical Rehabilitation Kit purchase:** 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), 19th Edition, Shoulder Chapter, Home exercise kits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

**Decision rationale:** The California chronic pain medical treatment guidelines section on home 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 exercise regimen. 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) The California MTUS does recommend home exercise in the treatment of chronic pain. There is no evidence however to recommend one specific exercise program. There is no indication in the provided documentation why the patient would need these specific items in a home exercise program versus self-directed exercise as prescribed from a physician. Therefore the request is not medically necessary.