

<b>Case Number:</b>	CM13-0003774		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/02/1986
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 2, 1986. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; C4-C7 discectomy and fusion surgery; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and extensive periods of time off of work. In a Utilization Review Report of July 11, 2013, the claims administrator denied a request for computerized range of motion testing of the neck and low back, stating that the MTUS does not address the topic. The applicant apparently underwent computerized range of motion and strength testing on May 23, 2013, the results of which have not been clearly outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 COMPUTERIZED MUSCLE AND FLEXIBILITY (ROM) ASSESSMENTS C/S L/S UPPER/LOWER EXTREMITIES (ONE CALL MEDICAL): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169. Decision based on Non-MTUS Citation MTUS: ACOEM Practice Guidelines, Chapter 12, page 293, Observation and Regional Back Examination section.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to marked variation amongst applicants with symptoms and those without. Thus, ACOEM position is that even conventional range of motion testing does not have much clinical value. Thus, there is no support in ACOEM for even conventional range of motion testing insofar as the spine is concerned, let alone the more elaborate computerized testing performed by the attending provider, the results of which have not been clearly reported and/or have not influenced the clinical plan in any way. It is further noted that the MTUS Guideline in ACOEM Chapter 8, page 169 notes that range of motion is subject to applicant cooperation. There is no specific role in ACOEM for the computerized range of motion proposed by the attending provider. Page 169 of the ACOEM Guideline states the range of motion should be measured through observation. In this case, the attending provider has not furnished any applicant-specific information, narrative, rationale, or commentary which would counter or offset the unfavorable ACOEM recommendations. Therefore, the request is not medically necessary and appropriate.