

Case Number:	CM13-0009285		
Date Assigned:	09/16/2013	Date of Injury:	04/26/2013
Decision Date:	01/29/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 61-year-old gentleman with date of injury of 04/16/2013 sustaining injury to the lumbar spine after a fall from a ladder. The clinical records for review include a 04/04/2013 MRI report of the lumbar spine that showed moderate to severe disc loss at L3-4 with a disc osteophyte complex resulting in moderate to severe bilateral neural foraminal stenosis. It states that this demonstrated no significant change from a prior MRI scan of 06/01/2007. The L4-5 level was also with a disc osteophyte complex and mild to moderate right greater than left neural foraminal stenosis also unchanged from the 2007 MRI scan cited. Most recent clinical assessment from 07/18/2013 indicated low back and lower extremity pain numbness and weakness. He reports no significant benefit with recent conservative care and demonstrated a physical examination with tenderness to the lumbar spine, significantly diminished strength of 1/5 to the right EHL and tibialis anterior with weakness noted about the left quadriceps and absent bilateral distal reflexes. Impression was that of severe progressive symptoms of spinal stenosis with neurogenic claudication. Recommendations at that time were for electro-diagnostic studies as well as potential need for surgical intervention in the form of instrumented fusion at L3-4 and L4-5. There is a current request for computerized range of motion strength and flexibility assessment for the lumbar spine and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Computerized Range of Motion Strength and Flexibility Assessment for the Lumbar Spine and Bilateral Lower Extremities between 7/30/2013 and 9/13/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, Computerized Range of Motion.

Decision rationale: California MTUS Guidelines regarding computerized range of motion testing are silent. When looking and Official Disability Guidelines, it indicates that flexibility is not recommended as primary criteria as part of the routine medical evaluation in the lumbar spine. It specifically cites the lumbar range of motion measurement in functional ability is weak or non-existent in relationship to flexibility measurements. There would currently be no indication for the request based on the claimant's clinical assessment which is necessitating the need for operative intervention in the form of fusion. Given unclear therapeutic value of computerized measurements of the lumbar spine and claimant's current course of care, the specific request in question would not be supported.