

Case Number:	CM13-0009388		
Date Assigned:	12/11/2013	Date of Injury:	05/07/2007
Decision Date:	02/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine and is licensed to practice in New York. 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 employee is a 63-year-old man, with low back strain, requesting computerized ROM/Muscle testing. He was injured on 5/7/07, when he bent down while lubricating underneath a packer. He has lumbar disease, with L2-3 disc bulge; L3-4 disc desiccation and mild facet changes; L4-5 facet disease, disc bulge causing mild left foraminal narrowing; and L5-S1 facet disease, disc bulge causing trace bilateral foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion (ROM)/muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain, Computerized ROM/Flexibility and Stretching

Decision rationale: The Official Disability Guidelines indicate that computerized ROM testing is not recommended as primary criteria for, but should be a part of a routine musculoskeletal evaluation. The guidelines also indicate that it is only recommended as part of an exercise

program for stretching. There is no information supplied by the requesting provider regarding the desired result from computerized ROM/muscle testing.