

<b>Case Number:</b>	CM13-0038152		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 39 year old male who injured his neck and back on 2/8/12 from driving a forklift to load a truck. According to the IMR application, there is a dispute with the 9/3/13 UR decision. The 9/3/13 UR letter is from [REDACTED] and recommends non-certification for ROM testing of the cervical spine and ROM testing for the lumbar spine, based on the initial report from [REDACTED] dated 8/20/13. I have been provided the 8/20/13 Doctor's First Report of Occupational Injury, but it is stamped "see attached", and the only other "attached" form is the RFA form, which does not have an exam or history, and is in check-box format.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Range of Motion testing of the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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), Neck Chapter.

**Decision rationale:** The patient apparently has neck and back pain. Limited information is available for this IMR. I have the 10/10/13 upper extremity EMG/NCV showing moderate

bilateral CTS, and an 8/20/13 Doctors First report form, that is stamped see attached, without any attached examination, history, diagnosis or rationale for requesting ROM as a separate procedure from the standard physical examination. MTUS/ACOEM and the AMA guides consider this a normal and routine part of the physical examination. ODG for cervical ROM testing states: "Not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent" The request for cervical ROM testing as a separate procedure is not in accordance with ODG guidelines.

**1 Range of Motion testing of the Lumbar Spine: 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), Lumbar Chapter.

**Decision rationale:** The patient apparently has neck and back pain. Limited information is available for this IMR. I have the 10/10/13 upper extremity EMG/NCV showing moderate bilateral CTS, and on 8/20/13 Doctors First report form, that is stamped see attached, without any attached examination, history, diagnosis or rationale for requesting ROM as a separate procedure from the standard physical examination. MTUS/ACOEM and the AMA guides consider this a normal and routine part of the physical examination. ODG for lumbar ROM testing states: "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent" The request for lumbar ROM testing as a separate procedure is not in accordance with ODG guidelines.