

Case Number:	CM13-0040159		
Date Assigned:	12/20/2013	Date of Injury:	02/25/1990
Decision Date:	02/19/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 02/25/1990. The mechanism of injury was noted to be cumulative trauma. The patient was noted to have persistent low back pain. The patient was noted to have tenderness and spasms in the paravertebral muscle, but not in the spinous processes and the flank. The sciatic notch area was noted to be tender bilaterally. The patient's diagnosis was noted to include lumbosacral radiculopathy. The request was made for an anatomical impairment measurement.

IMR ISSUES, DECISIONS AND RATIONALES

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

An anatomical impairment measurement provided on 9/14/2011: 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), Low Back Chapter, Flexibility.

Decision rationale: Official Disability Guidelines state per the AMA Guidelines to the Evaluation of Permanent Impairment, 5th Edition that an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way.

Official Disability Guidelines does not recommend computerized measures of the lumbar spine range of motion which can be done with inclinometers. The clinical documentation submitted for review failed to provide the rationale for the requested service. Additionally, it failed to indicate the necessity for computerized testing versus manual testing that should be part of a routine physical examination. Given the above, the request for an anatomical impairment measurement is not medically necessary.