

Case Number:	CM13-0041063		
Date Assigned:	12/20/2013	Date of Injury:	01/01/2008
Decision Date:	04/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old male with a date of work injury 1/1/08. His diagnoses have included a lumbar herniated nucleus pulposus with chronic L4-LS radiculopathy; positive EMG; and lumbar spine facet hypertrophy; thoracic musculoligamentous strain/sprain. There is a request on whether a retrospective request for one range of motion measurements and report between 8/26/13 and 8/26/13 is medically necessary. A lumbar MRI dated 6/4/13 reveals 1) the dominant level is at T12-L1. There is a large light par central, about 12-13 mm AR, disk extrusion with annular tears. There is almost complete obliteration of the right central canal. There is compression of the right aspect of the spinal cord. 2) There is diffuse degenerative disk disease. There is slight increased disk disease at L3-L4 to L5-S1. An 8/28/13 secondary treating physician neurosurgical spinal re evaluation indicates that the patient complains of continuous pain of the low back, with pain radiating to his bilateral lower extremities. His pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on the back. The pain is accompanied with numbness, weakness, tingling and burning sensation. He is unable to return to his pre-injury activities of daily living or work activities. On physical examination, he had limited lumbar range of motion, which elicited the patient's chief complaints of back pain. He also demonstrated decreased sensation over the L1 to S1 dermatomes on the left and hyper-reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FIVE SPECIAL REPORTS BETWEEN 8/26/2013 AND 8/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the since the primary procedure is not medically necessary, the associated services are medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the since the primary procedure is not medically necessary, the associated services are medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are medically necessary.

RETROSPECTIVE REQUEST ONE RANGE OF MOTION MEASUREMENTS AND REPORT BETWEEN 8/26/2013 AND 8/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: FLEXIBILITY

Decision rationale: Retrospective request for one range of motion measurements and report between 8/26/13 and 8/26/13 is not medically necessary. The MTUS does not specifically address range of motion. The ODG lumbar spine chapter states that flexibility is not recommended as a primary criteria but should be part of a routine musculoskeletal evaluation. Additionally, the ODG states that the relation between lumbar range of motion measures and functional ability is weak or nonexistent. The request for one range of motion measurements and report between 8/26/13 and 8/26/13 is not medically necessary.