

Case Number:	CM13-0048132		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2009
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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:

The patient is a 57-year-old female who reported an injury on 05/01/2009 due to repetitive trauma that reportedly caused injury to the cervical and lumbar spine. The patient's treatment history included physical therapy, medications, and psychological support. The patient's most recent clinical examination findings included tenderness to palpation of the cervical spinal musculature with a positive Spurling's sign causing pain radiating into the right C6-7 dermatomes with range of motion described as "35/30/48/50/27/30." The patient's diagnoses included multilevel degenerative disc disease, thoracic spine strain/sprain, lumbar spine strain/sprain, and a cervical spine strain/sprain. The patient's treatment plan included continuation of medications, and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One range of motion test of the trunk spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, section on Flexibility

Decision rationale: The Official Disability Guidelines do not recommend the use of computerized testing over physical evaluation from the treating physician. The submitted documentation does provide evidence that the patient's range of motion of the cervical, thoracic, and lumbar spine is regularly evaluated. Therefore, the need for an additional computerized test is not clearly indicated. As such, the requested 1 range of motion test of the trunk spine is not medically necessary and appropriate.