

<b>Case Number:</b>	CM13-0051788		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old male who reported an injury on 09/16/2009. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain after the patient underwent lumbar decompression and fusion from the L1 to L3 levels. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation over the lumbosacral spinal musculature with weakness in the bilateral legs. It was noted that the patient used a cane to assist with ambulation. The patient's diagnoses included carcinoma, pathological fracture, and lumbosacral discopathy. The patient's treatment plan included continuation of medications. A request was made for computerized range of motion and strength testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROM measurements and report each extremity/trunk, for lumbar spine/lower extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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:** The Physician Reviewer's decision rationale: The requested range of motion measurements and report for each extremity and trunk for the lumbar spine and lower extremities is not medically necessary or appropriate. Official Disability Guidelines do not recommend computerized testing over basic physical examination testing provided by the treating physician. The clinical documentation submitted for review does not clearly indicate why computerized testing would be necessary and how it would assist in the patient's treatment planning. As such, the requested range of motion measurement and report each extremity/trunk for the lumbar spine/lower extremities is not medically necessary or appropriate.

**Muscle testing, manual with report, extremity/trunk for lumbar spine/lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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:** The Physician Reviewer's decision rationale: The requested muscle testing, manual with report extremity/trunk for the lumbar spine/lower extremities is not medically necessary or appropriate. Official Disability Guidelines do not recommend computerized testing over basic physical examination testing provided by the treating physician. The clinical documentation submitted for review does not clearly indicate why computerized testing would be necessary and how it would assist in the patient's treatment planning. As such, the requested range of motion measurement and report each extremity/trunk for the lumbar spine/lower extremities is not medically necessary or appropriate.

**Muscle testing during exercise for lumbar spine/lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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:** The Physician Reviewer's decision rationale: The requested muscle testing during exercise for lumbar spine/lower extremities is not medically necessary or appropriate. Official Disability Guidelines do not recommend computerized testing over basic physical

examination testing provided by the treating physician. The clinical documentation submitted for review does not clearly indicate why computerized testing would be necessary and how it would assist in the patient's treatment planning. As such, the requested range of motion measurement and report each extremity/trunk for the lumbar spine/lower extremities is not medically necessary or appropriate.