MAXIMUS Federal Services

Case Number:	CM13-0057504		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2013
Decision Date:	05/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 injured worker is a 30 year-old male who reported an injury on 04/09/2007, secondary to heavy lifting. Current diagnoses include multilevel lumbar disc protrusion and lumbar radiculopathy. The most recent physician progress report submitted for this review is documented on 10/03/2013. The injured worker reported persistent lower back pain with radiation to the right lower extremity. The injured worker also reported difficulty performing activities of daily living. Physical examination revealed limited lumbar range of motion with positive spasm and tenderness to palpation, positive straight leg raising, 5/5 motor strength in bilateral lower extremities, and decreased sensation in the right lower extremity. Treatment recommendations included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE RANGE OF MOTION TESTING FOR THE CERVICAL, THORACIC, AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS Guidelines state the first step in managing delayed recovery is to document the patient's current state of functional ability and the recovery trajectory to date as a timeline. A number of functional assessment tools are available, including Functional Capacity Examinations when reassessing function and functional recovery. As per the documentation submitted, the injured worker does not demonstrate a significant musculoskeletal or neurological deficit upon physical examination. It is noted that the injured worker was able to return to full duty after a course of physical therapy in 01/2011. There was no physician progress report submitted on the requesting date. Therefore, the medical necessity for the requested service has not been established. Therefore, the request is non-certified.