

Case Number:	CM13-0059981		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2012
Decision Date:	04/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 36 year old male who was injured on 10/24/2012 incurring injury to his cervical spine, bilateral shoulders and lumbar spine. The mechanism of injury is unknown. Prior treatment history has included home exercises, massage therapy, chiropractic manipulative physical therapy two times a week for a period of two months. The patient's therapy transitioned into pool therapy two times a week for two months. Then he was transitioned to acupuncture treatments two times a week for two months. Continues medication ibuprofen, Prilosec, and analgesic medication. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/04/2012 revealing mild degenerative changes and disc disease of the lower lumbar spine. Lower extremity nerve conduction report dated 01/17/2013 reveals abnormal study revealing there is electrophysiologic evidence suggestive of a bilateral tibial F-wave abnormality. This can be seen in the lateral distal tibial motor nerve neuropathy. However, one cannot completely exclude a more proximal nerve root pathology seen in proximal nerve root pathology as seen in S1 radiculopathy and therefore clinical correlation is advised. EMG and nerve conduction study of the lumbar spine and right lower extremity dated 04/11/2013 reveals: 1. No electrical evidence of lumbar radiculopathy or plexopathy affecting the L3 through S1 lower motor nerve fibers of the right lower extremity or the corresponding paraspinals. 2) No electrical evidence of peripheral neuropathy or mononeuropathy affecting the right lower extremity. A lower extremity nerve conduction report dated 04/25/2013 reveals an abnormal study showing there is electrophysiologic evidence suggestive of left tibial motor nerve neuropathy. This can be seen in the distal tibial nerve neuropathy; however, can also be abnormal in the left sided S1 radiculopathy. In addition, there is abnormality involving the left tibial H-reflex. This may be abnormal in the left sided S1 radiculopathy. In addition there is abnormality involving the right tibial HJ-reflex, which may be abnormal in the right sided S1 radiculopathy. Therefore

correlation with EMG (Electro myography) study is recommended and clinical correlation is advised. Abdominal ultrasound dated 05/10/2013 is unremarkable. MRI of lumbar spine neutral+flex+ext dated 05/28/2013 revealed stable minimal bulging at L4-5 and L5-S1. No additional pathology revealed in positional MRI. MRI scan of the lumbar spine dated 05/28/2013 impression: 1) L4-5 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 2) L5-S1 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Lower extremity nerve conduction report dated 07/25/2013 reveals abnormal study showing electrophysiological evidence suggestive of an abnormality involving the bilateral tibial H-reflexes. Tibial H-reflexes may be abnormal in the bilateral S1 radiculopathy or in distal tibial motor nerve neuropathy. Therefore clinical correlation is advised. Correlation with EMG study is therefore recommended. Clinic note dated 09/30/2013 documented the patient to have complaints of constant aching in the shoulders as well as complaints of continuous nagging pain in the lower back. Clinic note dated 10/17/2013 documented the patient with complaints of intermittent pain to both shoulders and lumbar spine. Objective findings on exam included examination of bilateral shoulders. The shoulders were normal to inspection. The AC (Acromio-clavicular) joints were well located. No obvious deformities were noted. Shoulders were normal to palpation. There was no tenderness or erythema noted. Range of motion of shoulders showed decreased range of motion of external rotation and extension. Impingement sign and apprehension sign negative. Thoracolumbar spine exam nontender to palpation. No muscle spasm noted. Straight leg raising positive on the right at 50 degrees. DTRs (Deep Tendon Reflex

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM (Range Of Motion)Test Of The Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Low Back, Lumbar and Thoracic, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Flexibility

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic back pain, and perhaps for the current impairment guidelines of the American Medical Association. In general, a dual inclinometer method is preferred and computerized ROM test is not necessary. In this case, there is no rationale given for the request of ROM test and therefore, the for ROM Test Of The Cervical Spine is not medically necessary and appropriate.

ROM (Range Of Motion) Test Of The Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Low Back, Lumbar and Thoracic, Flexibility

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 - Lumbar & Thoracic (Acute & Chronic), Flexibility

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, ROM test is not recommended as a primary criteria... They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. In general, a dual inclinometer method is preferred and computerized ROM test is not necessary. There is no rationale given for the request of ROM test and therefore, the request Decision for ROM Test Of The Lumbar Spine is not medically necessary and appropriate.

ROM (Range Of Motion) Test Of The Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Low Back, Lumbar and Thoracic, Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: CA MTUS states a physical examination of the shoulder, including range of motion should be documented as a complete examination. There is no indication for computerized range of motion testing as this is not considered the standard of care during physical examinations. The evidence is lacking for this diagnostic procedure. Thus, the request for ROM Test Of The Bilateral Shoulders is not medically necessary and appropriate.

ROM (Range Of Motion) Test Of The Bilateral Ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Low Back, Lumbar and Thoracic, Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 356-366.

Decision rationale: CA MTUS states a physical examination of the ankle, including range of motion should be documented both actively and passively as a part of the ankle examination. There is no indication for computerized range of motion testing as this is not considered the

standard of care during physical examinations. The evidence is lacking for this diagnostic procedure. Thus, the request for ROM Test Of The Bilateral Ankles is not medically necessary and appropriate.