

<b>Case Number:</b>	CM13-0066215		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery, and is licensed to practice in New York. 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 46-year-old male his date of injury April 16, 2012 to the lumbar spine. The patient continues to complain of ongoing low back pain and lower extremity pain. The MRI of the lumbar spine shows L5-S1 disc degeneration without specific and significant nerve root compression. Electrodiagnostic studies performed in 2012 show left active S1 denervation. At issue is whether range of motion testing of the lumbar spine is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion muscle testing for the Lumbar 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 (ODG), Low Back Chapter

**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

**Decision rationale:** There is no medical necessity for computerized range of motion testing of the lumbar spine. The patient's lumbar MRI shows L5-S1 disc degeneration without significant nerve root compression. This is a well described in typical degenerative condition of the lumbar

spine. The patient has a one half year history of low back pain. Range of motion testing can be performed on the physical exam of the musculoskeletal system using a goniometer, dynamometer. Or other analog testing methods in the physician's examination room. Computerized range of motion testing is not medically necessary. Guidelines for computerized muscle testing of the lumbar spine are not met.