

<b>Case Number:</b>	CM13-0068932		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old female who reported an injury to her low back on 12/07/12 when she was cleaning bathrooms. The utilization review dated 12/16/13 resulted in a denial for computerized range of motion testing as the requested evaluation has been determined to traditionally be part of an office workup. The clinical note dated 06/11/13 indicates the injured worker complaining of a burning sensation in the low back along with numbness, tingling, and weakness in the right lower extremity. Upon exam, the injured worker was able to demonstrate 20 degrees of lumbar flexion and 20 degrees of extension along with 25 degrees of bilateral lateral flexion and 45 degrees of bilateral rotation. The injured worker was identified as having a positive straight leg raise in the right lower extremity. No strength or reflex deficits were identified in the lower extremities. The clinical note dated 07/23/13 indicates the injured worker complaining of 2-6/10 pain. The qualified medical examination dated 09/11/13 indicates the injured worker having undergone a magnetic resonance image of the lumbar spine. An L4-5 disc bulge was identified as well as an L3-4 disc protrusion measuring 3-4mm. Marked bilateral facet arthrosis was also revealed at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO LUMBAR RANGE OF MOTION TESTING , DOS 11/5/13: 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, 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 Chapter, Flexibility.

**Decision rationale:** The documentation indicates the injured worker complaining of ongoing low back pain with associated reflex deficits in the lower extremities. Computerized range of motion testing is not recommended as range of motion testing is traditionally part of an in-office workup. The clinical notes indicate the injured worker having demonstrated range of motion deficits throughout the lumbar region as determined by a previous office visit. Additionally, no high quality studies currently exist supporting computerized range of motion testing. Given the ongoing clinical symptoms and taking into account that no high quality studies currently exist supporting computerized range of motion testing in the lumbar region, this request is not indicated as medically necessary.