

<b>Case Number:</b>	CM14-0002978		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational Medicine 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 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:

This is a 60-year-old male with a 7/23/12 date of injury who slipped and fell on a ladder. His diagnosis is intervertebral disc disorder with myelopathy of the lumbar region, meniscal cartilage tear and sprained cruciate ligament of the knee. The patient was seen on 11/27/13 noting the patient had complaints of spine pain with radiation to the left leg and left knee. Exam findings revealed spasm and tenderness of the spine with positive axial compression test and distraction test., a decreased left triceps reflex, positive Kemp's and straight leg raise. The treatment plan was for MRI's and medications including Tylenol #3, Tramadol, and Naproxen. Treatment to date: medications, physical therapy, epidurals, FCP, acupuncture A UR decision dated 12/16/13 denied the request for range of motion measurement as the relation between range of motion and functional ability is weak per ODG. In addition ODG does not support the use of computerized range of motion testing. The UR decision modified the Tylenol #3 request form #120 to #60 as there was no documentation of maintained increase in function or decrease in pain. The modification allowed for a taper.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RANGE OF MOTION MEASUREMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 11th Edition, (web), 2013, Low Back, 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, Stretching.

**Decision rationale:** MTUS does not address this issue. ODG supports the use of flexibility testing as part of a routine clinical exam. Computerized range of motion testing is not supported per ODG. They can be done with inclinometers, but the results (range of motion) are of unclear therapeutic value. This patient had computerized range of motion testing, which is not supported by ODG. Therefore, the request for Range of Motion Measurement was not medically necessary.

**TYLENOL #3, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 78-82.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient is noted to be on Tramadol, Naproxen and Tylenol #3, however there is no information regarding how many tablets the patient needs per day for pain control, a VAS with and without medications, functional gains, or a pain contract. The request for TYLENOL #3, #120 was not medically necessary.