

Case Number:	CM14-0009024		
Date Assigned:	01/29/2014	Date of Injury:	07/01/2013
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/05/2014

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 Physical Medicine & 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 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 45-year-old male who reported an injury on 07/01/2013. The mechanism of injury was not provided. The clinical note dated 11/13/2013 reported the injured worker complained of constant severe pain to his lower back that was aggravated by lifting and bending. The physical examination of the lumbar spine noted +3 spasms and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1 and the lumbar range of motion was captured digitally by Acumar. Also noted was a positive Kemp's test bilaterally, a positive straight leg raise bilaterally, a positive Braggard's bilaterally, and a positive Yeoman's test bilaterally. The diagnoses included lumbar disc displacement with myelopathy and sciatica. The treatment plan included a recommendation for physical therapy and medication to include tramadol and naproxen. The Request for Authorization was submitted on 11/13/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT WITH RANG OF MOTION MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Computerized Muscle Testing.

Decision rationale: The Official Disability Guidelines state computerized muscle testing is not recommended and there are no studies to support computerized strength testing. The clinical document, provided for review, noted the injured worker is utilizing opioids for chronic low back pain which would warrant followup office visits; however, ROM assessment was also requested. It was not specified within the request whether the injured worker's range of motion would be tested manually or if computerized range of motion testing would be performed. As the Official Disability Guidelines state computerized muscle testing is not recommended, this request is not supported. Additionally, a quantity of followup visits was not specified within the request. Therefore, the request for followup visit with range of motion measurement and patient education is not medically necessary.