

Case Number:	CM14-0103026		
Date Assigned:	09/16/2014	Date of Injury:	08/16/2001
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 Emergency Medicine 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 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 patient is a 51-year-old female who was injured on August 16, 2001. The patient continued to experience pain in neck and lower back. Physical examination was notable for tenderness of the cervical paravertebral muscles and upper trapezial muscles, tenderness of the lumbar paravertebral muscles, dyesthesia of the L5 and Z=S1 dermatomes, and intact motor strength. Diagnoses included lumbar discopathy and status post anterior cervical discectomy/fusion. Treatment included surgery, home exercise program, physical therapy, and medications. Request for authorization for range of motion measurements was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 6 Range of Motion Measurements for the Spine and Extremity: 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) Flexibility. Low Back- Lumbar & Thoracic (Acute & Chronic) 95851 Range of Motion Measurements

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low vack - Lumbar & Thoracic: Flexibility; Neck & Upper back: Flexibility

Decision rationale: Range of motion of the cervical spine is not recommended as primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. Range of motion of the low back is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The request is not be medically necessary.