

Case Number:	CM14-0012006		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2012
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old female who was injured her back and left wrist on 6/19/12. She then experienced chronic lower back pain which radiated to the hips. She was diagnosed with lumbar spine disc bulges and lumbar strain/sprain, and left wrist sprain/strain. Her wrist was treated with a wrist support, and her back was treated with physical therapy, oral medications, acupuncture, chiropractic treatment, exercises, lumbar support, and modified duty. Less than two months later, on 8/8/12 she returned to full duty at her workplace, but still experienced low back pain and/or wrist pain occasionally. MRI done on 11/6/12 revealed disc bulges on the levels of L4-L5, L5-S1, and L3-L4. On 1/6/14, the worker was seen by her treating physician complaining of constant lower back pain with radiation to her hips (pain level of 5-7/10), but without numbness or tingling, worse with movement. She also complained of left wrist pain (0-4/10 pain level) with numbness and tingling in her left hand and wrist. Physical examination revealed normal gait, tenderness and spasm to the right lower paraspinal muscles as well as the left gluteal muscles. She also had point tenderness on left sacroiliac joint. Range of motion testing (using an inclinometer) was limited, but lower extremity muscle testing was normal. Sitting straight leg raise was positive. Sensation was normal, and reflexes were normal. Wrist examination was unremarkable. She was then recommended a wrist splint and oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION AND MUSCLE TESTING LUMBAR SPINE (COMPUTERIZED ROM): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: The California MTUS ACOEM Guidelines for lower back complaints includes basic manual range of motion testing as part of a standard physical exam, but also notes that range-of-motion measurements of the low back are of limited value, as there is so much variation among persons. The California MTUS does not comment on the computerized range-of-motion testing. The ODG states that measuring flexibility, such as with range of motion testing is not recommended as primary criteria, but should be part of a routine physical examination, but the guidelines do not recommend computerized measurements of lumbar spine range of motion, such as with an inclinometer as the results have unclear value over manual testing. The ODG states that inclinometers may be useful when evaluating symptomatic spondylolisthesis when there is consideration for fusion surgery. Muscle testing, according to the California MTUS ACOEM for the lumbar spine is recommended as part of a standard physical exam in patients with low back pain, particularly in those with suspected nerve compromise. In the case of this worker, her treating physician used an inclinometer for measuring range-of-motion of the worker's lower back rather than manually assessing for this, and also did muscle testing for her lower back and legs manually. Since there was no discussion of considering fusion surgery, nor a diagnosis of spondylolisthesis, there is no benefit to using the inclinometer, in this case. Therefore, the lumbar computerized range-of-motion and muscle testing is not medically necessary.