

Case Number:	CM14-0015766		
Date Assigned:	04/09/2014	Date of Injury:	07/30/2005
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 41-year-old female who sustained an injury to her lower back on 7/30/05. Because of failure of conservative treatment, the patient had a microdiscectomy at L4-L5. This was followed later by a posterior lumbar interbody fusion at L4-L5. The patient continues to complain of increasing low back pain with radiation into her right lower extremity but now both lower extremities. This is associated with numbness, tingling, and shooting electric pains into both her lower extremities. Examination of the back reveals moderate to severe bilateral paraspinal muscle spasm, limitation of motion of the lumbar spine, a positive straight leg raise on the right at 30° and on the left at 60°. Patient has weakness of the anterior tibial, posterior tibial and extensor hallucis longus muscle on the right. She has hypesthesia along the right lateral calf. Patient is not considered a candidate for any more surgery. Request is made for a retrospective range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ROM (RANGE OF MOTION) TESTING DOS: 10/29/13: Upheld

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

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

Decision rationale: The MTUS guidelines state that because of the marked variation among persons with symptoms and those without, range of motion measurements of the low back are of limited value. Therefore, the medical necessity of testing range of motion of the lumbar spine has not been established. The request for retrospective ROM (range of motion) testing DOS: 10/29/13 is not medically necessary.