

<b>Case Number:</b>	CM14-0128183		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/20/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a work injury occurring on 09/24/09 when, while working as a grocery store sales manager she was lifting a 24-pack of bottled water and had radiating back pain. Treatments included medications, physical therapy, and injections. She underwent surgery in November 2010 followed by postoperative physical therapy. In May 2011 she tried returning at light duty but was unable to do so and has not returned to work since. She was seen on 05/21/14. Medications were Metformin, Glyburide, Lisinopril, Aspirin, Neurontin, Omeprazole, Percocet, Acetaminophen, and Simvastatin. Physical examination findings included a left foot drop with a stiff gait using a walker. She had lumbar spine tenderness with decreased and guarded range of motion. Authorization for pool therapy and further evaluation were requested. The claimant was seen by the requesting provider on 06/18/14. She was having ongoing low back pain radiating into the left greater than right leg and left foot numbness. Physical examination findings included decreased lumbar spine range of motion with lumbar paraspinal and bilateral sacroiliac joint tenderness. Straight leg raising was painful bilaterally. She was continuing to ambulate with a walker. She was continued out of work. On 07/01/14 pain was rated at 7/10. She was having lumbar spine pain on the right greater than left side with radiating symptoms into the left lower extremity. Physical examination findings included tenderness with decreased range of motion. Percocet 10/325 mg #60, Neurontin 600 mg three times per day, Prilosec, and Motrin were refilled. She was to continue a home exercise program. Urine drug screening was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion testing (CPT 95831) for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Worker's Compensation/Low Back.

**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-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. Guidelines state that the relation between lumbar range of motion measures and functional ability is weak or nonexistent. Guidelines address range of motion which should be a part of a routine musculoskeletal evaluation. The requested range of motion testing (CPT 95831) is therefore not medically necessary