

Case Number:	CM14-0157204		
Date Assigned:	09/30/2014	Date of Injury:	04/12/2013
Decision Date:	11/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for range of motion testing for the lumbar spine. In a June 5, 2014 Medical-legal Evaluation, it was acknowledged that the applicant was not working, had had 24 sessions of physical therapy, unspecified amounts of electrical stimulation therapy, and unspecified amounts of acupuncture. The applicant had last worked in June 2013 and was still receiving Workers' Compensation indemnity benefits, it was acknowledged. The range of motion testing at issue was sought via a Request for Authorization (RFA) form dated September 8, 2014, per the claims administrator. In a June 24, 2014 progress note, the applicant reported ongoing complaints of neck pain. The applicant was using Naproxen, Tramadol, and Methoderm, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Neck and Upper Back Chapter and on the Online Source:
<http://www.ncbi.nlm.nih.gov/pubmed/21419360>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 117, 293.

Decision rationale: The primary pain generators here are the lumbar and cervical spines. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to a marked variation amongst the applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 117, also notes that range of motion measurements of the neck and upper back are likewise of limited value, again, owing to the marked variations amongst the applicants with and without symptoms. In this case, the attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable positions on the article at issue. Therefore, the request is not medically necessary.