

<b>Case Number:</b>	CM14-0157237		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 neck pain reportedly associated with an industrial injury of April 12, 2013. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy, topical agents; unspecified amounts of acupuncture, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for range of motion testing. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant reported ongoing complaints of neck pain, reportedly attributed to an industrial contusion injury. The applicant was not working, it was acknowledged, and had been on disability status since May 2013. The applicant was using Naprosyn, Prilosec and Tramadol, it was noted. Limited cervical range of motion was noted with 5/5 upper extremity strength appreciated. The applicant was given prescription for Naprosyn, Norco, Tramadol, and Methoderm. The applicant's work status was not furnished. In a handwritten note dated August 5, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck pain, 10/10. Limited range of motion secondary to pain was noted. Norco, Methoderm, and Omeprazole were apparently renewed. On September 2, 2014, the applicant again received refills of Norco, Naprosyn, Prilosec, and Methoderm to ameliorate ongoing complaints of severe neck pain. Acupuncture was endorsed.

### 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, Neck & Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170.

**Decision rationale:** The applicant's primary pain generator here appears to be the cervical spine. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 170, range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation in range of motion amongst the applicants with and without symptoms. In this case, the attending provider's handwritten progress note failed to furnish any compelling applicant-specific rationale which would offset the ACOEM position on article at issue. Therefore, the request is not medically necessary.