

Case Number:	CM14-0158959		
Date Assigned:	10/02/2014	Date of Injury:	11/10/2013
Decision Date:	12/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 and low back pain reportedly associated with an industrial injury of November 10, 2013. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for range of motion testing of the spine, invoking ODG Guidelines, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the applicant reported ongoing complaints of neck pain, reportedly attributed to a C6-C7 disk protrusion. The applicant apparently underwent computerized range of motion testing of the cervical spine on June 23, 2014. On July 20, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain. Topical compounds, range of motion testing, and manual muscle testing were endorsed, along with oral ibuprofen and home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back ; Range of motion (ROM)

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

Decision rationale: As noted in the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 8, page 117, range of motion measurements of the neck and upper back are of "limited value," owing to the marked variation in range of motion measurement amongst the applicants with and without symptoms. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. It was not stated how the range of motion testing in question would influence or alter the treatment plan. Therefore, the request was not medically necessary.