

<b>Case Number:</b>	CM14-0022891		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 patient is a 36 year old male who was injured on 11/18/2013. He sustained an injury to his abdomen/groin and low back when he was pulling a pallet of aluminum blocks while at work. His medication history has included Naproxen Sodium, Cyclobenzaprine with Gabapentin, Flurbiprofen, and Tramadol cream. Prior treatment history has included physical therapy. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/27/2014 revealed disc desiccation at L4-L5 and L5-S1. There is straightening of the lumbar lordotic curvature which may reflect an element of myospasm. He has disc herniations at L4-5 and L5-S1. Progress report dated 05/23/2014 reports the patient complained on low back pain which is exacerbated by cold weather. He reports the pain is triggered by prolonged standing and sitting. He reported physical therapy was helpful as well as massages and home exercise. On exam, he had normal range of motion of the lumbar spine. There was no tenderness at the L-S spine paraspinaous muscles. He is taking Naproxen and creams. He was diagnosed with lumbar pain secondary to disc bulges and myofascial pain. Prior utilization review dated 01/23/2014 states the request is not medically necessary as there is no evidence showing radiculopathy or myelopathy. The patient had no radicular pain, numbness or weakness. The digital electronic range of motion testing is not certified as the patient had no complaints and no evidence of sensory deficits on exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs.

**Decision rationale:** As per ACOEM guidelines, an MRI is recommended when the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Information provided in the patient's medical records reveals dull non-radiating low back pain 5-10% of the time. Physical therapy or other forms of conservative measures have been attempted. However, there is no evidence of radicular pain, or other neurological deficits. Based on the guidelines, the request for an MRI of the lumbar spine is not medically necessary.

**DIGITAL ELECTRONIC RANGE OF MOTION 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 (ODG), Low Back Chapter, Flexibility.

**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, Flexibility.

**Decision rationale:** The ODG states that an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple and inexpensive way. Computerized measures of L spine ROM are not recommended. Additionally, the progress report indicates that the patient has normal lumbar ROM. Therefore, the request for digital electronic ROM testing is not medically necessary.

**DIGITAL ELECTRONIC MYOMETRY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bohannon RW. Reference values for extremity muscle strength obtained by hand-held dynamometry from adults aged 20 to 79 years. Arch Phys Med Rehabil 1997;78:26-32.

**Decision rationale:** CA MTUS Guidelines and the Official Disability Guidelines are silent regarding digital electronic myometry. The medical records do not document complaints of weakness or findings of weakness on physical exam of the low back. Therefore, the request for digital electronic myometry is not medically necessary.

**COMPUTERIZED SENSORY TESTING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guideline.gov/content.aspx?id=46414&search=quantitative+sensory+testing>.

**Decision rationale:** CA MTUS guidelines and the Official Disability Guidelines are silent with respect to computerized sensory testing. However, there are no complaints of sensory disturbance or findings of decreased sensation on physical examination. Therefore, the request for computerized sensory testing is not medically necessary.