

Case Number:	CM14-0036939		
Date Assigned:	06/25/2014	Date of Injury:	09/05/2013
Decision Date:	08/13/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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 and is licensed to practice in New York and Texas. 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 injured worker is a 45-year-old male who reported an injury to his low back. Utilization review dated 03/18/14 resulted in denial for retrospective orthopedic testing. Magnetic resonance image of the lumbar spine in 09/13 revealed disc bulge at L3-4. The clinical note dated 09/05/13 indicates the injured worker complaining of low back pain along with stiffness. The pain was rated as 6-7/10 at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

retro Testing: range of motion (date not given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM tables 9-6, 10-6 & 11-7, 12-8 Official Disability Guidelines low back AMA Guides 5th edition pg 400 AMA parks 2003, Grenier 2003, Airaksinen 2006 Cherniak 2001.

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 Chapter, Office visits.

Decision rationale: Clinical documentation indicates the patient complaining of low back pain. Evaluation and management of functional deficits would traditionally be part of the initial office visit or subsequent therapeutic visits. Therefore, it is unclear for the need for range of motion testing. No information was submitted regarding any red flags that would indicate the need for range of motion testing. Given this, the request is not indicated as medically necessary.