Case Number:	CM14-0041513		
Date Assigned:	06/27/2014	**Date of Injury:**	09/07/2009
Decision Date:	07/29/2014	**UR Denial Date:**	03/18/2014
Priority:	Standard	**Application Received:**	04/07/2014

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 Management 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:

This patient is a 38-year-old with a date of injury of September 7, 2009. The listed diagnosis per [redacted] is 6-mm herniated disk at L4-L5 with bilateral sciatica. According to progress report January 21, 2014 by [redacted], the patient presents with low back pain that radiates down to the right knee and left heel. Examination revealed paraspinous muscle spasm over the iliolumbar angle bilaterally. The patient has tenderness over the left iliolumbar angle to the left buttocks at L4-L5 with radicular pain down the posterior aspect of his left thigh. MRI of the lumbar spine from July 29, 2013 demonstrated stenosis at L4-L5 with facet degeneration and broad-based disk protrusion at the midline measuring 6 mm. This request is for computerized strength flexibility range of motion assessments of the lumbar spine and lower extremities. Utilization Review denied the request on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength flexibility ROM assesments of the lumbar spine and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic low back pain. The patient reports pain that radiates down to the right knee and left heel. The treater is requesting a computerized strength flexibility ROM (range of motion) assessment of the lumbar spine and lower extremities. The ACOEM, MTUS and ODG guidelines do not specifically discuss ROM or strength testing. However, ODG under Range of Motion does discuss Flexibility. ODG has the following, "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation." ODG further states, "The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, states, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way." They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." ODG does not support computerized measures of lumbar spine range of motion. Furthermore, the treater does not discussion why a computerized testing is being requested versus a standard inclinometer. The request for computerized strength flexibility ROM assessments of the lumbar spine and lower extremities is not medically necessary or appropriate.