

<b>Case Number:</b>	CM14-0068597		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 50-year-old male with a date of injury of 08/30/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar spine herniated nucleus pulposus. 2. Hypertension. 3. Gouty arthritis. According to progress report 02/07/2014, the patient presents with low back pain associated with radiating pain to his left leg. He also reports some numbness in the lower extremities. Examination of the lumbar spine demonstrated tenderness to palpation over the spinous processes from L4 to S1 associated with paraspinal muscular guarding. There is decreased sensation over the L4, L5, and S1 dermatomes over the left lower extremity. This is a request for physical performance evaluation, range of motion testing and muscle strength testing. Utilization review denied the request on 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Performance Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

**Decision rationale:** This patient presents with constant low back pain associated with radiating pain to his left leg and numbness in his lower extremity. The treater is requesting a physical performance evaluation. The ACOEM, MTUS and ODG guidelines do not specifically discuss physical performance evaluation. However, ODG guidelines consider examination such as range of motion, flexibility and muscle strength testings to be part of routine musculoskeletal evaluation. Muscle testing is also part of routine evaluation included in examination. The treater does not provide a rationale for physical performance evaluation. It should be part of examination performed during office visitation. Therefore, the request of Physical Performance Evaluation is not medically necessary and appropriate.

**ROM (Range of Motion) Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) AMA Guidelines to Permanent Impairment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

**Decision rationale:** This patient presents with constant low back pain associated with radiating pain to his left leg and numbness in his lower extremity. The treater is requesting a physical performance evaluation. The ACOEM, MTUS and ODG guidelines do not specifically discuss physical performance evaluation. However, ODG guidelines consider examination such as range of motion, flexibility and muscle strength testings to be part of routine musculoskeletal evaluation. Muscle testing is also part of routine evaluation included in examination. The treater does not provide a rationale for physical performance evaluation. It should be part of examination performed during office visitation. As such, ROM (Range of Motion) Testing is not medically necessary and appropriate.

**Muscle Strength Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) AMA Guides to Permanent Impairment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

**Decision rationale:** The treater is requesting a muscle strength test. The ACOEM, MTUS and ODG guidelines do not specifically discuss muscle testing. However, ODG guidelines consider examination such as range of motion part of routine musculoskeletal evaluation. Muscle testing is also part of routine evaluation included in examination. The treater does not explain why muscle test is requested as separate criteria. It should be part of examination performed during office visitation. Therefore, the request of Muscle Strength Test is not medically necessary and appropriate.