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| Case Number: | CM14-0074360 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 07/10/1999 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 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 injured worker is a 57-year-old male with a date of injury of July 10, 1999. The patient has a history of lumbar fusion and has had conservative therapy including pain medications, muscle relaxants, epidural steroid injections, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ROM muscle testing, DOS: 4/11/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The physical examination documents range of motion testing of the lumbar and cervical spine. This constitutes an ordinary element of the physical examination, and should not be a separate diagnostic entity requested. This is considered standard of care in back examination. As such, the request is not medically necessary.