

Case Number:	CM14-0091221		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2012
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 31-year-old gentleman was reportedly injured on April 17, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness over the suboccipital muscles of the cervical spine and the right scapula as well as the spinous process ligaments from T-1 through T4. There was also tenderness over the lower right lumbar spine and the right-sided posterior superior iliac spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for a computerized strength and flexibility assessment for the cervical and lumbar spine and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Computerized strength and flexibility (ROM) assessments of c/s and l/s: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Flexibility, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines flexibility is not recommended as primary criteria. The relation between back range of motion measures and functional ability is weak to nonexistent. Considering this, the request for computerized strength and flexibility assessments of the cervical spine and lumbar spine are not medically necessary.