

Case Number:	CM14-0092003		
Date Assigned:	08/06/2014	Date of Injury:	12/28/2013
Decision Date:	11/07/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine and is licensed to practice in New York. 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 40 year old female with a date of injury on 12/26/2013. She was transferring a patient from the bed to a wheelchair and noted low back pain. A few months (10/2013) previous to this injury she had a back injury and was treated with physical therapy and medication. She still had hydrocodone and a muscle relaxant which she took on the day of injury. On 12/27/2013, the next day, she had paralumbar and parathoracic muscle tenderness and muscle spasm. Straight leg raising was negative. There was no numbness. Lower extremity strength was 5/5. Reflexes were symmetric. Cervical range of motion was normal. Lumbar range of motion was decreased. Lumbar x-rays were normal. The diagnosis was back injury and neck sprain. She was referred to physical therapy, treated with Oxycodone and was off work for 2 days. On 12/30/2013 she was awaiting physical therapy and was extended off until 01/05/2014. On 01/10/2014 she was 80% improved. Lumbar range of motion had improved. Lower extremity strength was 5/5. Straight leg raising was negative. Reflexes were symmetric. She had mild muscle spasm. Cervical range of motion was normal. On 01/24/2014 it was noted that she just started physical therapy. She was tolerating modified work. She was only having mild pain. She was to start a trial of full duty work. On 02/10/2014 she was back to full duty. Her lumbar home exercise program was going well. She has pain when she works very long shifts. The physical therapy diagnosis was cervical strain and lumbar strain. She had a lumbar MRI on 03/14/2014. There was disc desiccation at L3-L4 and L4-L5. There was straightening of the normal lumbar lordotic curvature which may indicated spasm. There was L3-L4 and L4-L5 stenosis of the spinal canal with herniated discs 4.3 mm. That day she had no numbness or tingling. She was in no distress. Gait was normal. She had a decreased cervical range of motion from pain. Spurling was negative. Reflexes and sensation were intact. She was treated with acupuncture and chiropractic care. On 03/21/2014 she had normal lower extremity EMG/NCS and a lumbar

radiculopathy was ruled out. The only abnormality was a left saphenous sensory nerve distal neuropathy. Again, a lumbar radiculopathy was ruled out. She was in no distress and gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM and MMT (Cervical and Lumbar): 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 - Lumbar & Thoracic (Acute & Chronic) Chapter: Computerized Range of Motion(ROM)Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter : Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-188 287-316. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: ODG 2014, Low Back , Flexibility notes: "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) 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, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). 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. (Andersson, 2000) Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. (Cherniack, 2001) See also Stretching."In MTUS, ACOEM for neck and back injuries there is no mention of the medical necessity or usefulness of computerized range of motion or strength testing. ODG 2014 Low Back, Flexibility notes that the computerized testing is not recommended. The requested computerized testing is not medically necessary to treat this patient's cervical strain/lumbar strain.