

Case Number:	CM14-0130480		
Date Assigned:	08/20/2014	Date of Injury:	01/29/2012
Decision Date:	01/23/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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 30-year-old female who reported an injury on 01/29/2012. The mechanism of injury was a slip and fall. Her diagnoses included lumbar radiculopathy. Surgical history was not provided. On 09/09/2014, the injured worker was seen for lower back and wrist pain. The injured worker was taken insulin and pain medication. She complained of lower back pain that radiated into the left lower extremity. Medication has been insufficient in keeping her pain tolerable. Upon examination, there was decreased range of motion with spasms and tenderness to palpation. The straight leg raise was positive on the left. The treatment plan was to have a lumbar epidural steroid injection, prescribe Norco 10/325 mg, and collect a urine toxicology screen. Other therapies were noted to include drug therapy, activity modification, and physical therapy. The Request for Authorization and rationale were provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of motion/Flexibility

Decision rationale: The request for a range of motion exam is not medically necessary. The California MTUS and American College of Occupational and Environmental Medicine (ACOEM) do not address range of motion specifically. The ODG states that flexibility is not recommended as part of a routine musculoskeletal evaluation. The relationship between lumbar range of motion measures and functional ability is weak or nonexistent. The request is for range of motion. However, a specific body part was not given. As such, the request is not medically necessary.