

Case Number:	CM14-0193244		
Date Assigned:	12/01/2014	Date of Injury:	11/03/2013
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 54 year old female with date of injury 11/03/13. The treating physician report dated 10/15/14 indicates that the patient presents with pain affecting their lumbar spine. The physical examination findings reveal, patient has constant pain 5/10 with the left side being greater than the right. ROM shows Flex is 60, Extension is 25, LLB 20, RLB 20. Prior treatment includes Acupuncture, use of a back brace, prescription medication, and Aquatic Therapy (PG 115). The current diagnoses are: 1. Dorsal lumbosacral strain and sprain. 2. Rule out herniated nucleus pulposus with possible radiculopathy in the lower extremities bilaterally. The utilization review report dated 10/21/14 denied the request for ROM based on diagnosis not being clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Overturned

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

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

Decision rationale: The patient presents with lumbar back pain. The current request is for Range of Motion. The treating physician indicates that this is intended to help rule out "Rule out herniated nucleus pulposus with possible radiculopathy in the lower extremities bilaterally." The MTUS guidelines do not address ROM Testing. The ODG guidelines state, "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." In this case, the treating physician routine notes lumbar spine range of motion as part and sometimes even all of his musculoskeletal evaluation. The billing code he is requesting indicates range of motion testing. The ODG guidelines support range of motion testing as part of the musculoskeletal evaluation. ODG does not limit the quantity of range of motion testing and since they state it should be part of the routine musculoskeletal exam, it can be done on every office visit. Range of motion testing is medically necessary.