MAXIMUS Federal Services

Case Number:	CM14-0077529		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2012
Decision Date:	01/23/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Practice and is licensed to practice in Ohio. 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 58-year-old male who injured his low back and right shoulder on May 2, 2012 as a consequence of heavy lifting. He complains of right shoulder pain and low back pain radiating into the right groin with associated numbness and tingling of the right thigh. He has been prescribed oral anti-inflammatories, topical analgesics, muscle relaxants, and has had acupuncture, physical therapy, and chiropractic treatment. The physical exam reveals lumbar flexion achievable to 60, extension to 25, and bilateral bending to 25. There is tenderness to palpation of the lumbar facet joints from L4-S1, more so on the right, a positive facet load test, with a normal lower extremity neurologic exam. The diagnoses include lumbar sprain/strain with radiculopathy, lumbar degenerative disc disease, lumbar spine hemangioma, right shoulder impingement syndrome with osteoarthritis, tendinosis, labral tear, and effusion. At issue is a request for range of motion and muscle testing of the lumbar spine. The utilization review physician did not certify this per ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion & muscle testing - 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 CHAPTER, COMPUTERIZED RANGE OF MOTION, SEE FLEXIBILITY

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, Flexibility

Decision rationale: Computerized flexibility testing is not recommended as 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. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. 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. 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.In this instance, the orthopedic physician was able to document precise lumbar range of motion clinically. The clinical necessity for computerized testing of lumbar flexibility and muscle function is not established and therefore not medically necessary.