

<b>Case Number:</b>	CM15-0005699		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male who suffered a work related injury on 12/14/10. Per the physician notes from 11/17/14, he complains of low back pain with activity. The treatment plan consists of Celebrex, home exercise, continue back brace for support, refill tramadol and omeprazole, and urine toxicity. On 12/08/14, the Claims Administrator non-certified the request for range of motion testing, citing ODG guidelines. There is no mention of range of motion testing from the 11/07/14 visit notes. The noncertified treatment was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 1 Range of Motion:** 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), Low Back - Lumbar & Thoracic (Acute chronic), Flexibility, Computerized Range of Motion (ROM).

**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 chapter regarding range of motion.

**Decision rationale:** The patient was injured on 12/14/10 and presents with low back pain. The request is for 1 RANGE OF MOTION. The RFA is dated 08/20/14 and the patient is on temporary total disability. On 02/27/14, the patient had an anterior partial corpectomy at L5 and S1 as well as an anterior lumbar interbody fusion at L5-S1. The request is unclear as there are no discussions regarding the request. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or strength test. However, ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, "Not recommended as the primary criteria, but should be part of a routine musculoskeletal evaluation." The reason for the request is not provided. The 11/19/14 report states that the patient walks with a stiff gait with a limp. "He has pain on range of motion of the cervical and lumbar spines. Tender cervical and lumbar paraspinal muscles. Cervical flexion 45 degrees, extension 40 degrees, lateral flexion 30 degrees, lateral rotation 60 degrees" decreased ROM with pain. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The requested range of motion IS NOT medically necessary.