

<b>Case Number:</b>	CM15-0009660		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Emergency Medicine

### 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 46- year old female, who sustained an industrial injury on April 12, 2013. She has reported being in a stooped position when a co-worker pushing a dolly containing merchandise stopped beside the worker and cases of merchandise fell over on the worker onto her back and right side of her body. The worker reported having immediate pain. The diagnoses have included herniated disc with cervical sprain/strain, cervical radiculopathy, lumbago, central canal stenosis, mild discogenic changes at the L5-S1, bilateral foraminal stenosis at the L4-S1. Treatment to date has included physical therapy, chiropractic therapy, acupuncture therapy, pain medications, a pain management consultation, an orthopedic consultation and routine monitoring. Currently, the IW complains of sever low back and neck pain; right upper extremity severe swelling, dysphagia and constant feeling of pressure. Range of motion was limited by pain and muscle spasms. On January 7, 2015, the Utilization Review decision non-certified a request for range of motion testing of the cervical spine, noting there was no evidence that the results of range of motion testing of the lower back and neck has clear therapeutic value. The ACOEM Guidelines, Neck and Upper Back Complaints and the ODG Neck and Upper Back were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of range of motion testing of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169.

**Decision rationale:** As per MTUS ACOEM guidelines, examination of neck including range of motion is considered a routine and standard part of assessment of neck problems. There is no special testing needed or warranted. The provider has failed provide any rationale or benefit as to why any neck range of motion of cervical spine testing beyond standard exam was needed. Cervical spine range of motion is not medically necessary.