

<b>Case Number:</b>	CM15-0105449		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Pain Management, Occupational 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 40 year old male, who sustained an industrial injury on December 30, 2012. He reported having a pop in his back when working out and lifting 25 pound plates. The injured worker was diagnosed as having lumbar sprain/strain with IVD, thoracic sprain/strain, Myofascitis, and radiculitis. Treatment to date has included MRI, epidural steroid injection (ESI), IV therapy, physical therapy, trigger point injections, echocardiograph, aqua therapy, acupuncture, and medication. Currently, the injured worker complains of constant moderate low back/upper thoracic stabbing, sharp pain. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported his pain a 5-7 on a 1 to 10 scale. Physical examination was noted to show the thoracic spine with pain in all planes, with tenderness to palpation over the upper paraspinals, subscapular, and foraminal compression and Jackson compression causing pain over the T5 to T8 levels. The lumbosacral spine was noted to have pain in all planes with tenderness to palpation over the Quadriceps Lumborum, Erector spinae, Latissimus Dorsi, SI joints, gluteus, and biceps femoris bilaterally, with positive bilateral Kemps, Elys, and Iliac compression tests, and a positive Bechterews on the left. The treatment plan was noted to include continue aqua therapy, continue acupuncture, and requests for lumbar spine MRI, and Functional Improvement Measures using NIOSH testing, with continued home stretching and exercise program, and Synovacin and Dendracin provided for topical use and joint health.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) functional improvement measures using NIOSH testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

**Decision rationale:** MTUS 2009 states that functional improvement measures are important, particularly with chronic pain where individuals have improved quality of life, vocational recovery and independence. According to MTUS 2009, objective measures could be return to work, independence and an active life not limited significantly limited by pain. Measuring floor to waist lifting and other measures do not adhere to the qualitative measures provided by MTUS 2009. Work status and independent management of symptoms are suitable measures according to MTUS 2009 rather than measures that do not translate to quality of life. The functional improvement measures testing is not medically necessary.