

Case Number:	CM15-0019289		
Date Assigned:	02/09/2015	Date of Injury:	03/29/2013
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old male, who sustained an industrial injury on March 30, 2013. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis and lumbar sprain and strain. Treatment to date has included home exercises, medications. Currently, the injured worker complains of severe low back pain which he rates a 7-8 on a 10-point scale. The injured worker has pain radiating down his left leg to the ankle and weakness. On examination, he has tenderness to palpation over the lumbar paraspinals and is tender in the left sciatic notch. The injured worker exhibited a positive straight leg raise and his sensorimotor exam was intact. There was diminished range of motion over the lumbar spine. An MRI revealed a 3.5 focal right lateral recess disc protrusion. On January 6, 2015 Utilization Review non-certified a request for range of motion measurements and surgeon follow-up, noting that range of motion testing is standard with a physical examination and would not be separately reimbursable and that pain management consultation should be completed prior to additional specialist involvement. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the ACOEM were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of range of motion measurements and surgeon follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurements: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent medical Examinations and Consultations, Page 127 and Official Disability Guidelines, Pain (Chronic) updated 11/21/2014 and Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 11/21/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Computerized range of motion testing.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion measurement is not medically necessary. Computerized range of motion testing (flexibility) is not recommended as a primary criterion. The relation between back range of motion measurements and functional ability is weak when nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic pain. In this case, the injured worker's working diagnoses are lumbar spine strain; left lumbar radiculopathy; and rule out disc herniation. Subjectively, the injured worker complains of constant severe low back pain 9/10 radiating down the left leg to the ankle. Objectively, there is positive straight leg raising. Sensory motor examination is normal. There was diminished range of motion of lumbar spine with pain on extension and lateral flexion on the left. Documentation does not describe why this intervention is needed over performing routine measurements as part of a routine musculoskeletal physical examination. There is no discussion as to how computerized range of motion testing will impact clinical decision-making process. Range of motion testing is standard within a physical examination and would not be separately reimbursable. Consequently, absent compelling clinical documentation with a clinical indication and/or rationale for computerized range of motion testing, (computerized) range of motion measurements are not medically necessary.

Follow up with [REDACTED], surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent medical Examinations and Consultations, Page 127 and Official Disability Guidelines, Pain (Chronic) updated 11/21/2014 and Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 11/21/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, follow-up with [REDACTED]/surgeon is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A

consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar spine strain; left lumbar radiculopathy; and rule out disc herniation. Subjectively, the injured worker complains of constant severe low back pain 9/10 radiating down the left leg to the ankle. Objectively, there is positive straight leg raising. Sensory motor examination is normal. There is no clinical indication for a follow-up examination with [REDACTED]/surgeon. Lumbar surgery was previously denied. The injured worker is currently seeing a pain management specialist. Treatment with a pain management specialist should be completed prior to any additional consideration for a consultation to a surgeon. Medical record contains 13 pages and any additional information is limited. Consequently, absent compelling clinical documentation while the injured worker is in the middle of treatment with a pain management specialist (and a prior denial for lumbar surgery), follow-up with [REDACTED]/surgeon is not medically necessary.