

Case Number:	CM15-0136182		
Date Assigned:	07/24/2015	Date of Injury:	09/27/2013
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 61 year old male who sustained an industrial injury on 9/27/13. Primary treating physician's progress report dated 6/17/15 reports continued complaints of neck pain rated 6/10 and low back pain rated 6-7/10. He has complaints of numbness and tingling in hands and bilateral lower extremities. Diagnoses include: cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbago, lumbar spine compression fracture, left knee arthralgia resolved, bilateral peripheral neuropathy and bilateral mild carpal tunnel syndrome. Plan of care includes: continue functional restoration therapy 1 to 2 times per week for the next 6 weeks and acupuncture therapy 2 times per week for the next 6 weeks, continue range of motion and muscle strength testing to completion, request cervical spine MRI, consultation with hand specialist, request spinal surgery work up and treatment recommendation for lumbar spine and refill ibuprofen and Prilosec. Work status: return to work with modified duties; limited lifting / carrying up to 20 pound bilaterally, and no bending over. If modified duty not available, place on total temporary disability. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Range of motion and muscle testing of cervical spine, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Flexibility.

Decision rationale: Regarding the request for Range of motion and muscle testing of the cervical spine, as an outpatient, California MTUS guidelines are silent regarding range of motion testing. ODG states it is not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. As such, the currently requested Range of motion and muscle testing of the cervical spine, as an outpatient is not medically necessary.