

Case Number:	CM15-0145706		
Date Assigned:	08/06/2015	Date of Injury:	07/04/2014
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 69-year-old male who sustained an industrial injury on 07-04-2014. Diagnoses include lumbago; and lumbar spine musculoligamentous sprain, strain with radiculopathy. Treatment to date has included medications, TENS unit, acupuncture, chiropractic, activity modification, home exercise program and functional restoration program. According to the progress notes dated 6-17-2015, the IW reported low back and right hip pain; it was most severe upon awakening in the morning and improved with walking. The low back was most problematic on 6-17-2015, with the pain localized around the paraspinal muscles in the hip girdle region. The examination was unchanged. X-rays of the lumbar spine with flexion and extension on 6-3-2015 showed restricted range of motion in both views; degenerative material and end-plate osteophyte at T12- L5 was noted. A request was made for range of motion and muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flexibility <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, range of motion testing is "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. (Cherniack, 2001) See also Stretching." There is no rationale from performing range of motion testing separated from a routine neuromuscular evaluation. Furthermore, ODG guidelines do not support the use computerized lumbar range of motion. Therefore, the request for Range of motion and muscle testing is not medically necessary.