

Case Number:	CM15-0147756		
Date Assigned:	08/10/2015	Date of Injury:	03/26/2013
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on 3-26-13. The diagnoses have included lumbar myalgia, status post-surgery with fusion and decompression, cervical sprain and strain, thoracic strain and sprain, lumbar radiculopathy and cervical radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, surgery, stimulator, bracing, physical therapy, transcutaneous electrical nerve stimulation (TENS) and home health assistance. Currently, as per the physician progress note dated 6-16-15, the injured worker complains of frequent pain in the neck and constant pain in the lumbar spine. The objective exam reveals that the lumbar spine has decreased range of motion with flexion 50 degrees, extension 20 degrees, left lateral bend is 20 degrees and right lateral bend is 20 degrees. It is noted that she has a flat affect. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, Magnetic Resonance Imaging (MRI) of the lumbar spine, X-ray of the right shoulder, left ankle, right wrist, right ankle, and left shoulder. The current medications included Neurontin, Tramadol, Prilosec, Flexeril, and compounded creams. The physician requested treatment included Range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 41.

Decision rationale: Range of motion is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. In this case, the claimant had routine range of motion documented during multiple exam visits and had undergone physical therapy. The request for range of motion testing is not medically necessary.