

Case Number:	CM15-0148204		
Date Assigned:	08/11/2015	Date of Injury:	02/07/2015
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: Preventive Medicine, 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:

This 50 year old man sustained an industrial injury on 2-7-2015. The mechanism of injury is not detailed. Diagnoses include cervical spine stenosis, left shoulder partial thickness rotator cuff tear, lumbar spine radiculitis, and lumbar spine herniated nucleus pulposus. Treatment has included oral medications. Physician notes on a PR-2 dated 6-24-2015 show complaints of cervical spine pain rated 7 out of 10, on and off left shoulder pain, and constant low back pain rated 7 out of 10. Recommendations include continue home exercise program, surgical intervention, electromyogram and nerve conduction studies of the bilateral upper and lower extremities, follow up with the spine specialist, and follow up to this office in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section/Flexibility Section.

Decision rationale: Per MTUS Guidelines, observing the patient's stance and gait is useful to guide the regional low back examination. In coordination or abnormal use of the extremities may indicate the need for specific neurologic testing. Severe guarding of low-back motion in all planes may add credence to a suspected diagnosis of spinal or intrathecal infection, tumor, or fracture. However, because of the marked variation among persons with symptoms and those without, range-of-motion measurements of the low back are of limited value. Per ODG, the use of range of motion testing is not recommended as a primary criterion, 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. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. 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. There is no rationale in the available documentation to support the use of range-of-motion testing in this case. The request for Range of Motion is not medically necessary.