

Case Number:	CM15-0160075		
Date Assigned:	08/26/2015	Date of Injury:	02/01/2012
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 1, 2012. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for range of motion testing of the lumbar spine. An RFA form received on July 16, 2015 was referenced in the determination, along with a progress note dated July 13, 2015. Non-MTUS ODG Guidelines were invoked in the determination, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported multifocal complaints of neck pain, mid back pain, low back pain, and shoulder pain with derivative complaints of headaches. Ancillary complaints of wrist pain, sleep disturbance, and psychological stress were also reported. The applicant was placed off of work, on total temporary disability. In an RFA form dated August 24, 2015, formal range of motion testing was sought, seemingly without much supporting rationale. On an associated progress note of the same date, August 24, 2015, the applicant was placed off of work, on total temporary disability. It was acknowledged that the applicant had 22 physical therapy treatments and 24 acupuncture treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test of lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: No, the request for range of motion testing for the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to the marked variation amongst the applicants with and without symptoms. Here, the attending provider failed to furnish a clear or compelling rationale for formal, computerized range of motion testing in the face of the ACOEM position that such measurements are of "limited value". It was not stated how the proposed range of motion measurements would influence or alter the treatment plan. Little-to-narrative commentary accompanied the RFA form. Therefore, the request is not medically necessary.