

Case Number:	CM15-0167640		
Date Assigned:	09/04/2015	Date of Injury:	05/08/2015
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 male, who sustained an industrial injury on May 8, 2015. The injured worker was diagnosed as having lumbar strain-sprain with radiculitis, bilateral foot strain-sprain, peripheral polyneuropathy, lumbar disc protrusion and lumbar scoliosis. Treatment to date has included x-rays, magnetic resonance imaging (MRI), electromyogram and nerve conduction study. A progress note dated July 17, 2015 provides the injured worker complains of low back pain radiating to the abdomen with numbness and foot pain radiating to the knees and depression. He rates the pain 5 out of 10. Physical exam notes lumbar tenderness to palpation and decreased range of motion (ROM). There is bilateral tenderness to palpation of the calcanei and decreased strength. Review of X-rays and magnetic resonance imaging (MRI) reveal lumbar scoliosis, arthrosis and degenerative changes. The plan includes range of motion (ROM) 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2015 online version.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Range of Motion testing, Muscle testing.

Decision rationale: This is a review for the requested range of motion and muscle testing. According to the MTUS guidelines, there are no specific muscle tests for the L1 to L3 nerve roots. The L4 nerve root can be tested by evaluating the strength of ankle inversion and quadriceps. The L5 nerve root may cause weakness of the great toe extensor on the affected side. According to the ODG, any test for flexibility is not recommended as a primary criterion but should be part of a routine musculoskeletal evaluation. According to the ODG "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way." Computerized muscle testing is also not recommended. Therefore, the above listed issue is NOT medically necessary.