

Case Number:	CM15-0181914		
Date Assigned:	09/23/2015	Date of Injury:	09/11/2014
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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: North Carolina

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 34 year old male who sustained an industrial injury on September 11, 2014. A recent primary treating office visit dated August 21, 2015 reported subjective complaint of : "constant severe, achy, sharp, burning, low back pain, stiffness, heaviness, numbness, tingling, weakness, and cramping with numbness, tingling, weakness, cramping and muscle spasms." He noted "relief from medication and acupuncture." He suffers from depression, anxiety, and irritability. Objective assessment noted: lumbar spine with tenderness to palpation of bilateral sacroiliac joints and lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles; straight leg raise causes bilateral pain; Kemp's is positive. Lasegue's cause pain bilaterally. The following diagnoses were applied this visit: lumbar disc protrusion; lumbar muscle spasm; lumbar pain; lumbar radiculopathy; lumbar sprain and strain; anxiety, depression, irritability, and nervousness. The plan of care is with recommendation for course of physical therapy to increase range of motion, increase activities of daily living and decrease pain; pending nerve testing findings; pain management recommending injections; refer for acupuncture. At follow up date July 17, 2015 there was noted subjective complaint of "constant sharp, throbbing pain at low back that frequently radiates onto upper thigh with numbness and spasm." On August 10, 2015 a request for diagnostic testing of range of motion tests monthly noted with denial due to the provided documentation showed no written evidence of definitive rationale provided from provider warranting medical necessity of request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion test, once a month per Doctor's visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, back Pan - Non-Invasive Treatments, Policy: Quantitative Muscle Testing Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion testing.

Decision rationale: The California MTUS does not specifically address this request. The ACOEM does not address flexibility and strength testing specifically in the shoulder, forearm or wrist chapter. However the low back chapter states flexibility testing should be simply part of the routine physical exam. There Is no indication why this would not be included in the routine physical examination of the right upper extremity and why any specialized range of motion and, muscle strength testing would be necessary beyond the physical exam. Therefore the request is not medically necessary.