

Case Number:	CM15-0188003		
Date Assigned:	09/28/2015	Date of Injury:	07/04/2014
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/19/2015

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: 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 69-year-old male, who sustained an industrial injury on July 4, 2014. He reported severe pain in his right lower back. The injured worker was currently diagnosed as having lumbago, lumbar spine musculoligamentous sprain and strain with radiculopathy, unsteady gait, bladder complaints, right hip myalgias and arthralgias, lumbar spine multilevel disc herniation, lower extremity peripheral neuropathy and right hip enchondroma. Treatment to date has included diagnostic studies, acupuncture, hot and cold pack, transcutaneous electrical nerve stimulation unit, injections and medication. On August 12, 2015, the injured worker complained of "severe" low back pain with radiation to the lower extremities. He was walking with an antalgic gait and using a cane for assistance. Physical examination revealed significant spasms and tenderness with limited range of motion. He had a mildly positive sciatic stretch test. The treatment plan included continuation of acupuncture, range of motion and muscle strength testing, pain management consultation with consideration of lumbar spine epidural injections and a follow-up visit. On August 26, 2015, utilization review denied a request for range of motion-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/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), Low Back, 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) Pain Chapter/Flexibility.

Decision rationale: According to ODG, Flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or non-existent. As noted in ODG, 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." The request for range of motion/muscle testing is not supported. As noted by evidence based guidelines, this evaluation should be a part of a routine musculoskeletal examination. The request for Range of motion/muscle testing is not medically necessary or appropriate.