

Case Number:	CM15-0188502		
Date Assigned:	09/30/2015	Date of Injury:	01/09/2014
Decision Date:	11/10/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 injured worker is a 44 year old male, who sustained an industrial injury on 1-9-14. The injured worker was diagnosed as having lumbar radiculopathy; lumbar discogenic pain. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCV study bilateral lower extremities (2-18-15); MRI left and right upper extremity joint (2-10-15); Lumbosacral myelogram (5-21-15). Currently, the PR-2 notes dated 8-17-15 are hand written. The notes seem to indicate the injured worker complains of lumbar spine pain and aches moderate with lower left hip stabbing and decreased bilateral lower extremity pain left greater than the right. The provider notes positive for tender to palpation of the lumbar spine and positive straight leg raising for the bilateral lower extremities. He writes a diagnosis of lumbar spine discogenic pain. He prescribes Norco 10-325mg #60 and Methoderm cream and to continue with home exercise program. A MRI left upper extremity joint dated 2-10-15 reveals impression: "1) Supraspinatus full-thickness tear with retraction and moderately advanced muscle belly atrophy. 2) Severe lateral downsloping of the acromion with narrowing of the acromiohumeral distance. 3) Subscapularis moderate tendinopathy with undersurface partial-thickness tearing and mild muscle belly atrophy. 4) Inferior capsular thickening and edema." A MRI of the right upper extremity joint dated 2-10-15 reveals impression: "1) Supraspinatus full-thickness tear with retraction and moderate muscle belly atrophy. 2) Moderate lateral down-sloping of the acromion. 3) SLAP labral tear. 4) Inferior capsular thickening and edema. 5) Poorly visualization biceps. 6) Prominent hypertrophic bony and degenerative changes of the AC joint. 7) Subcapsularis mild distal tendinopathy." A lumbosacral myelogram dated 5-21-15 indicates: "1) CT myelogram reveals evidence of a transitional vertebra of L5. Mild facet arthropathy is seen at this level. 2) There is evidence of spinal stenosis at L4-L5 and L3-L4." An EMG-NCV study of the lower

extremities reported on 2-18-15 impression reveals "1) Abnormal EMG of the lower limbs consistent with bilateral L4, L5 and a right S1 nerve root impingement, chronic mild. Chronic denervation was most prominent in the right vastus lateralis. 2) Abnormal nerve conduction studies consistent with right S1 nerve root impingement, chronic, moderate, grade. Otherwise, no findings for lower limb nerve entrapments, neuropathy, or plexopathy." Other PR-2 notes have been submitted and they are also hand written and difficult to decipher and to correlate the requested treatment with a PR-2 note. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-29-15 and non-certification was for ROM (Range of Motion) testing and computerized motor testing. A request for authorization has been received for ROM (Range of Motion) testing and computerized motor testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM (Range of Motion) testing of computerized motor 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- Flexibility.

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 Chapter/Flexibility Section.

Decision rationale: Per MTUS Guidelines, observing the patient's stance and gait is useful to guide the regional low back examination. In co-ordination 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. The request for ROM (Range of Motion) testing of computerized motor testing is not medically necessary.