

<b>Case Number:</b>	CM15-0198841		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old male who sustained an industrial injury August 16, 2014. Past history included status post surgery, lumbar spine (not specified). According to an agreed medical examiner's report dated June 24, 2015, the physician has the MRI of the lumbar spine dated May 13, 2015, impression documented as; 2mm AP dimension midline posterior disc herniation L3-L4 with tear of posterior annulus which is non-compressive; 3mm AP dimension midline posterior disc herniation L4-L5 with tear of the posterior annulus, non-compressive; mild central canal stenosis at this level; mild disc desiccation L3-4, L4-5; Schmorl's node T12- L1. According to a primary treating physician's progress report dated August 31, 2015, the injured worker presented with complaints of constant, moderate, dull, aching and burning back pain, with stiffness heaviness, numbness and tingling, radiating to both the left and right leg and mid back with numbness, tingling, cramping, and weakness. Objective findings included; 5'10" and 175 pounds; motor 4 out of 5 hamstrings; gait slow and guarded; range of motion decreased and painful; flexion 10 degrees-60 degrees; extension 5 degrees-25 degrees; left and right lateral bending 10 degrees- 25 degrees. Diagnoses are lumbar pain; lumbar radiculopathy; lumbar sprain strain. Treatment plan included pending report from electrodiagnostic studies, refer to MD for medication, waiting orthopedic report and continue with home exercise. At issue, is a request for authorization for range of motion test, lumbar spine, (1) time per month. A formal pain evaluation report dated July 20, 2015 is present in the medical record. According to utilization review dated September 9, 2015, the request for range of motion test, (1) x month, Lumbar Spine is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion test, lumbar spine, 1 time per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** MTUS, ODG, or AMA Guides do not support computerized ROM testing. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. In addition, per ODG, the relation between back range of motion measures and functional ability is weak or nonexistent. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Range of motion test, lumbar spine, 1 time per month is not medically necessary or appropriate.