

Case Number:	CM15-0203552		
Date Assigned:	10/20/2015	Date of Injury:	05/05/2008
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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 58-year-old male, who sustained an industrial injury on 05-05-2008. He has reported injury to the low back. The diagnoses have included lumbar sprain-strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco, Diclofenac Sodium, topical compounded creams, and Pantoprazole. A progress report from the treating provider, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported intermittent, moderate, sharp low back pain and stiffness; the pain is rated at 7 out of 10 in intensity; and the pain and stiffness radiates into both legs with numbness, tingling, and weakness. Objective findings included lumbar ranges of motion are decreased and painful; there is tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, sacrum, and spinous processes; there is muscle spasm of the lumbar paravertebral muscles; Kemp's causes pain; Lasegue's causes pain bilaterally; straight leg raise causes pain bilaterally; and motor strength is 4 out of 5 in both hamstrings. The treatment plan has included the request for range of motion test, low back. The original utilization review, dated 09-16-2015, non-certified the request for range of motion test, low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

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.