

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0020114 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 07/06/2000 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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, Arizona

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 51-year-old male who reported injury on 07/06/2000. The mechanism of injury was not specified. His diagnoses included status post lumbar laminectomy, lumbar disc disease, right L5 nerve root with scar tissue, lumbar radiculopathy in the right L5 and S1, and right sacroiliac joint arthropathy. His past treatments included injections, rhizotomy, physical therapy, home exercise program, medications, and work modification. On 12/08/2014, the injured worker complained of low back pain that radiates to the right buttock and right lower extremity. The injured worker indicated his pain was rated at a 3/10 with 2/10 being the least and 10/10 indicated as the most intense. The physical examination of the lumbar spine revealed tenderness and hypertonicity on palpation of the bilateral lumbar paraspinal muscles and bilateral quadratus lumborum muscles. There was also tenderness and hypertonicity noted at the right gluteal muscle and right piriformis. Palpation of the right sacroiliac joint, right sciatic notch and right lumbar spine also revealed tenderness. The lumbar range of motion was indicated with flexion at 56 degrees, extension at 18 degrees, right lateral flexion at 18 degrees, and left lateral flexion at 21 degrees. The injured worker also had a positive Kemp's and valsalva bilaterally with a positive Gaenslen's test on the right. The injured worker also had a positive straight leg raise on the right. The injured worker's neurologic examination revealed sensation and motor strength to be within normal limits; however, there were diminished deep tendon reflexes. His medications were noted to include Motrin 800 mg and tramadol 150 mg. His treatment plan included a J-Tech computerized testing of the lumbar spine. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

J-Tech computerized testing of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, computerized range of motion (ROM)/ Flexibility.

Decision rationale: The request for J-Tech computerized testing of the lumbar spine is not medically necessary. According to the Official Disability Guidelines, computerized range of motion testing is not recommended primary criteria; however, should part of a routine musculoskeletal evaluation. Furthermore, the guidelines indicate that they do not recommend computerized measures of lumbar spine range of motion because it can be done using inclinometers. Based on the guidelines not recommending the use of computerized measures of lumbar spine range of motion, the request is not supported by the evidence based guidelines. In addition, there was lack of a clear rationale to indicate the medical necessity for a computerized measurement tool over the use of an inclinometer. As such, the request is not medically necessary.