

<b>Case Number:</b>	CM15-0023828		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, 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 49-year-old male who reported an injury on 10/27/2008. The injured worker was reportedly injured while attempting to prevent a pallet from falling. The pallet was too heavy and fell to the ground causing the injured worker to also fall. The injured worker landed on his knees and felt immediate pain in the lower back. The current diagnosis is status post lumbar fusion surgery. The latest Physician's Progress Report submitted for review is documented on 10/27/2014. The injured worker presented for a neurosurgical evaluation. It was noted that the injured worker had been previously treated with physical therapy without relief of symptoms. On 05/23/2011, the injured worker underwent lumbar spine surgery. Upon examination, there was diminished motor strength in the right lower extremity, diminished sensation in the L5 dermatomal distribution, and trace reflexes. Recommendations at that time included prescriptions for Norco 10/325 mg and Flexeril 10 mg. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Passive Rehab.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The specific type of range of motion testing was not listed in the request. There is no mention of a recent attempt at any conservative treatment in the form of active rehabilitation. As the medical necessity has not been established in this case, the request is not medically appropriate.