

Case Number:	CM15-0219308		
Date Assigned:	11/12/2015	Date of Injury:	06/11/2011
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/06/2015

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 54 year old male, who sustained an industrial-work injury on 6-11-11. A review of the medical records indicates that the injured worker is undergoing treatment for status post fusion C5 to C7, pseudoarthrosis at C5-6 and C6-7, broken screw at C7 and significant foraminal stenosis bilaterally at C5-6 and C6-7. The cervical myelogram with computerized axial tomography (CT scan) of the cervical spine dated 8-10-15 reveals a break in the left fixating screws at C7 level, mild and about 8 degree levoconvex scoliosis of the mid cervical spine. There are prominent soft herniated discs at L3-4 and L4-5 interspaces. Treatment to date has included pain medication, Norco, diagnostics, off of work, cervical fusion 9-12-12, home exercise program (HEP) and other modalities. Medical records dated 10-15-15 indicates that the injured worker complains of cervical spine pain that is constant and severe that goes down the bilateral upper extremities. The physical exam reveals cervical spine tenderness to paraspinal muscles. The physician recommended follow up and range of motion for the cervical spine. He also recommends revision of the cervical spine fusion. The requested service included ROM for the cervical spine. The original Utilization review dated 11-2-15 non-certified the request for ROM for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM for the cervical 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 (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, and Low Back Complaints 2004, Section(s): Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Flexibility, Low Back/Flexibility.

Decision rationale: Per MTUS Guidelines, observing the patient's stance and gait is useful to guide the regional upper and low back examination. In coordination 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 back 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 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. ROM testing should be part of the routine medical examination. The request for ROM for the cervical spine is determined to not be medically necessary.