

Case Number:	CM15-0033371		
Date Assigned:	02/26/2015	Date of Injury:	03/08/2011
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old female, who sustained an industrial injury on 03/08/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar radiculitis, lumbar spine stenosis, and lumbar spine disc displacement. Treatment to date has included epidural steroid injection, magnetic resonance imaging of the lumbar spine, medication regimen, pool therapy, physical therapy, and acupuncture. In a progress note dated 02/02/2015 the treating provider reports persistent low back pain with right lower extremity radiculopathy. The treating physician requested specialist referral for permanent and stationary evaluation and diagnostic test computerized strength and flexibility (CROM), but the documentation provided did not indicate the specific reasons for the requested evaluations. On 02/09/2015 Utilization Review non-certified the requested treatments of specialist referral for permanent and stationary evaluation and diagnostic test computerized strength and flexibility (CROM), noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines (2009), Part 1: Introduction, page 1 and Official Disability Guidelines, Low Back (updated 01/30/2015), Flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist Referral for Permanent and Stationary Evaluation Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, specialist referral for a permanent and stationary evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnosis is lumbar radiculopathy. The treating and requesting physician is an orthopedic surgeon. The date of injury was March 8, 2011. The request for authorization was February 3, 2015. There is no clinical rationale in the medical record explaining why the treating orthopedic surgeon cannot examine the injured worker and generate a permanent and stationary report. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management over the plan or course of care that may benefit from additional expertise. Subjectively, there is no change in low back pain and lower extremity radiculopathy. Objectively, there is tenderness palpation over the paraspinal muscle groups with decreased range of motion. There is no documentation in the medical record to support a referral to a consultation for a permanent and stationary evaluation based on the documentation provided in the medical record. Consequently, absent compelling clinical documentation for specialist referral for a permanent and stationary evaluation, specialist referral for a permanent and stationary evaluation is not medically necessary.

Diagnostic Test Computerized Strength and Flexibility (CROM) Quantity : 1: 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), "Low Back (updated li30/15)" Flexibility.

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 section, Computerized range of motion testing.

Decision rationale: Pursuant to the Official Disability Guidelines, computerized strength and flexibility is not medically necessary. Computerized range of motion (flexibility) is not recommended as primary criteria, but to be part of the routine musculoskeletal examination. The relation between lumbar range of motion and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain. See the guidelines for additional details. In this case, the injured workers working

diagnosis is lumbar radiculopathy. The treating and requesting physician is an orthopedic surgeon. The date of injury was March 8, 2011. The request for authorization was February 3, 2015. Subjectively, there is no change in low back pain lower extremity radiculopathy. Objectively, there is tenderness palpation over the paraspinal muscle groups with decreased range of motion. Computerized range of motion testing is not recommended. Range of motion testing should be part of the routine musculoskeletal examination. The guidelines state the relation between lumbar range of motion and functional ability is weak or nonexistent. There is no clinical rationale in the medical record indicating why computerized strength testing and flexibility is clinically indicated. Consequently, absent clinical documentation supporting the need for computerized strength testing and flexibility, computerized strength and flexibility is not medically necessary.