

<b>Case Number:</b>	CM15-0049844		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Texas, New York, 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 applicant is a represented 26-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial contusion injury of February 25, 2013. In a Utilization Review Report dated March 10, 2015, the claims administrator failed to approve a request for a follow-up visit with associated range of motion testing. A February 23, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain with derivative complaints of headaches, depression, anxiety, and insomnia. Topical compounded medications and tramadol were endorsed. The applicant was given work restrictions, which the attending provider acknowledged the applicant's employer was likely unable to accommodate. On February 23, 2015, work restrictions were endorsed. The treating provider again acknowledged that the applicant's employer was likely unable to accommodate the same. Acupuncture and manual therapy were also proposed, along with range of motion testing at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit with range of motion measurement and addressing activities of daily living:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures, Work Functions and/or Activities of Daily Living, Self Report of Disability. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Shoulder Procedure Summary, Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170; 293.

**Decision rationale:** No, the request for a follow-up visit with range of motion measurements was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here include the neck, upper back, and lower back. However, the MTUS Guidelines in ACOEM Chapter 8, page 170 and ACOEM Chapter 12, page 293 both note that range of motion measurements of the neck, upper back, and lower back are of "limited value" owing to the marked variation amongst the applicants with and without symptoms. Here, the attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale for range of motion testing in the face of the unfavorable ACOEM position on such testing. Therefore, the request for a follow-up visit with associated range of motion measurements was not medically necessary.