

<b>Case Number:</b>	CM15-0058247		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Emergency 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 62 year old male, who sustained an industrial injury on 09/02/2013. He reported pain to his neck, mid and low back and bilateral knees. The injured worker is currently diagnosed as having lumbar spine spondylosis, bilateral shoulder rotator cuff tendinitis, bilateral wrist overuse syndrome, and left thigh contusion. Treatment to date has included neck MR Angiogram, physical therapy, chiropractic treatment, and medications. In a progress note dated 03/11/2015, the injured worker presented with complaints of neck numbness, weakness, stiffness, and decreased range of motion, low back numbness and weakness, and muscle spasms, and intermittent pain in ribs/chest. The treating physician reported requesting authorization for Functional Improvement Measurement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Improvement Measurement with Functional Improvement Measures Using Niosh Testing/30 Days - One Baseline and one P and S Complete Functional Improvement Measurement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility.

**Decision rationale:** The requested Functional Improvement Measurement with Functional Improvement Measures Using Niosh Testing/30 Days - One Baseline and one P and S Complete Functional Improvement Measurement, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent and 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. The injured worker has neck numbness, weakness, stiffness, and decreased range of motion, low back numbness and weakness, and muscle spasms, and intermittent pain in ribs/chest. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional Improvement Measurement with Functional Improvement Measures Using Niosh Testing/30 Days - One Baseline and one P and S Complete Functional Improvement Measurement is not medically necessary.