

<b>Case Number:</b>	CM15-0089235		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/09/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: 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 53-year-old male, who sustained an industrial injury on September 9, 2003, incurring low back injuries after lifting heavy boxes. He was diagnosed with a lumbar sacral strain and lumbosacral radiculopathy. A lumbar Magnetic Resonance Imaging revealed early disc desiccation. Treatment included anti-inflammatory drugs, pain medications, pain management programs, analgesic topical ointment and creams, neuropathic medications, epidural steroid injection, cane for mobility and a home exercise program. Currently, the injured worker complained of persistent low back pain with numbness radiating into the left foot. The treatment plan that was requested for authorization included Orthopedic follow up visits and range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic follow-up visits as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow-up visits is not medically indicated for this chronic injury. The Orthopedic follow-up visits as needed are not medically necessary and appropriate.

**Range of motion testing:** 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), Flexibility, Range of motion.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

**Decision rationale:** MTUS, ODG, or AMA Guides do not support computerized ROM testing. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Range of motion testing is not medically necessary and appropriate.