MAXIMUS Federal Services

Case Number:	CM14-0001896		
Date Assigned:	01/24/2014	Date of Injury:	07/27/2012
Decision Date:	06/02/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year-old male patient sustained a low back injury on 7/27/12 while employed by [redacted] Request under consideration include retro: anatomical impairment measurements, 05/04/2013. Medical report of 5/4/13 from the provider commented on anatomical impairment rating using a computerized diagnostic range of motion testing. Report of 4/27/13 noted patient with chronic low back pain radiating down both legs with muscle weakness, numbness and tingling. No clinical exam was documented and retrospective MRI of the lumbar spine was denied. MRI report noted disc desiccation at L4-5 with broad-based herniation causing neural foraminal and canal stenosis. Report of 7/8/13 noted lumbar spine exam showing positive Kemp's test bilaterally, heel and toe walk negative bilaterally; normal DTRs in lower extremities; sensory deficit at S1 and S2 dermatome; tenderness and guarding at bilateral L4-5 with positive SLR at 60 degrees bilaterally along with decreased range of motion. Diagnoses included thoracic spine pain; pain in limb; and lumbago. Treatment plan included LESI at L4-5, lumbar facet block at L4-5, and then Rhizotomy. The request for the Retrospective Anatomical impairment measurements of 5/4/13 was non-certified on 12/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: ANATOMICAL IMPAIRMENT MEASUREMENTS, 05/04/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, pgs. 137-138 and Official Disability Guidelines (ODG), Low Back.

Decision rationale: This 33 year-old male patient sustained a low back injury on 7/27/12 while employed by [redacted]. Request under consideration include retro: anatomical impairment measurements, 05/04/2013. Medical report of 5/4/13 from the provider commented on anatomical impairment rating using a computerized diagnostic range of motion testing. Report of 4/27/13 noted patient with chronic low back pain radiating down both legs with muscle weakness, numbness and tingling. No clinical exam was documented and retrospective MRI of the lumbar spine was denied. MRI report noted disc desiccation at L4-5 with broad-based herniation causing neural foraminal and canal stenosis. Report of 7/8/13 noted lumbar spine exam showing positive Kemp's test bilaterally, heel and toe walk negative bilaterally; normal DTRs in lower extremities; sensory deficit at S1 and S2 dermatome; tenderness and guarding at bilateral L4-5 with positive SLR at 60 degrees bilaterally along with decreased range of motion. Diagnoses included thoracic spine pain; pain in limb; and lumbago. Treatment plan included LESI at L4-5, lumbar facet block at L4-5, and then Rhizotomy. Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. 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. It does not appear the patient continues to treat for chronic pain and has not reached MMI nor is it clear if the patient has returned to any modified work duties. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The retro: anatomical impairment measurements, 05/04/2013 is not medically necessary and appropriate.