

<b>Case Number:</b>	CM14-0122989		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 and 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 patient sustained an injury on 7/23/13 while employed by. Request(s) under consideration include Back disability testing. Diagnoses include lumbar sprain/ strain/ contusion. The patient continues to treat for ongoing chronic low back complaints. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. The patient has remained off work for the last year. Reports of 5/20/14 and 5/24/14 from the provider with medical necessity for computerized testing. There is a back functional data report of 9/20/14 to include graph (with data for 9/23/14?) and questionnaire with Oswestry Index with computerized analysis test done on 7/23/14. Hand-written somewhat illegible report of 6/23/14 from the provider noted patient with continued back complaints relieved with acupuncture. Exam showed mild difficulty standing from seated; slightly guarded gait; tenderness to L/s; weakness right knee; ?SLR. Diagnoses include lumbar spine myofasciitis/ facet syndrome with plan for acupuncture, EMG/NCV and TTD until 8/4/14. Dated request of 7/3/14 noted continued acupuncture to the lumbar spine for diagnoses of L/s myofasciitis and facet syndrome. Work status report dated 9/15/14 noted the patient to be on total temporary disability from 9/15/14 to 10/27/14. The request(s) for Back disability testing was non-certified on 7/18/14 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:

**Back disability testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138 Official Disability Guidelines (ODG) Low Back, Flexibility, pages 423-424

**Decision rationale:** Computerized ROM/ strength 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, 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. Submitted reports have not adequately provided extenuating circumstances or clear indication for computerized testing over the standard practice of manual evaluation with use of inclinometer. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. He continues to treat for ongoing significant symptoms with further plan for diagnostic Electrodiagnostic testing along with acupuncture, remaining temporarily totally disabled without return to any form of modified work. Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without return to any form of modified work trial. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Back disability testing is not medically necessary and appropriate.