

Case Number:	CM14-0170430		
Date Assigned:	10/20/2014	Date of Injury:	01/13/2011
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 American Board Internal Medicine 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:

The injured worker (IW) is a 34-year-old woman who sustained an injury to her lower back, right hand, wrist, shoulder and right inguinal area while employed at a restaurant as a cook. On January 12, 2011, she was cleaning the oven in the kitchen. As she was lifting the 25-pound grills from the oven, she experienced a popping sensation to her lower back and a stretching sensation in her inguinal area. She sustained a cumulative trauma injury to her right hand, wrist, and shoulder. On March 14, 2011, the IW underwent surgery to her right inguinal area and on May 9, 2012, she underwent L4-L5 posterior spinal fusion with decompression. She is currently receiving physical therapy for her lower back. The therapy is not helpful. She is still experiencing lower back pain and right inguinal pain. Pursuant to the progress note dated September 15, 2014, the IW complains of low back pain rated 8/10. On examination, the IW was able to ambulate through the office on her own, but had a slight limp toward the left leg. Her trunk range of motion is about 50% at normal, worse in extension. Gastrocnemius muscles are +4/5 on the left, and -5/5 on the right. Her sensation is slightly diminished to the left S1 dermatomal distribution, otherwise intact. Reflexes are trace throughout. There is tenderness along the lumbar spine with decreased range of motion. Flexion is 20 degrees, and extension is 10 degrees associated with pain. Straight leg raising is positive bilaterally in the lower extremities. According to the treating physician, a new CT scan of the lumbar spine as well as an MRI of the lumbar spine will be requested due to the progression and symptoms that the IW has. In the meantime, she is to continue her home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 08/22/2014; Indications for magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back; MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, the MRI of the lumbar spine is not medically necessary. The guidelines provide that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. The ODG states MRI evaluation is indicated with neurologic deficit, progression of neurologic deficit and other red flags. In this case, the injured worker had a lumbar fusion in July 2013. In September 2014 the injured worker had additional diagnostic workup including x-rays and a CAT scan. There were no significant neurologic deficits noted and there was no progression of symptoms to support the need for further diagnostic testing. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the MRI lumbar spine is not medically necessary.

Range of Motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine: Analysis of Spine Motion Variability Using a Computerized Goniometer Compared to Physical Examination. A Prospective Clinical Study. Dopf CA, Mandel SS, Geiger DF, Mayer PJ, Spine, 1995, Jan 15; 20(2): 252-253,

Decision rationale: The ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not address range of motion testing. The National Library of Medicine reported in an article entitled: Analysis of Spine Motion Variability Using a Computerized Goniometer Compared to Physical Examination. A Prospective Clinical Study- that computerized measurement has less variability than non-computerized measurements for range of motion, but does not establish superiority indications for such measurements. In this case, there is no documentation that would support the need for computerized measurements. Range of motion is part of the typical complete physical examination which does not require specialized testing when the need for additional billing. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, range of motion testing is not medically necessary.

