MAXIMUS Federal Services

Case Number:	CM14-0176334		
Date Assigned:	10/29/2014	Date of Injury:	05/20/2009
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 Orthopedic Surgery 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 patient is a 60-year-old female who has submitted a claim for neck sprain, neuralgia / neuritis, lumbar sprain, lumbosacral neuritis, and shoulder sprain associated with an industrial injury date of 5/20/2009. Medical records from 2014 were reviewed. The patient complained of persistent neck pain and back pain. Physical examination showed muscle spasm, tenderness, and limited motion of the cervical spine. Examination of the lumbar spine showed positive tenderness, positive Patrick's test, muscle spasm, and positive straight leg raise test on the left. Treatment to date has included physical therapy and medications. The utilization review from 10/1/2014 denied the request for range of motion / muscle testing because of no available documentation to establish the medical necessity for this diagnostic exam; and denied prolonged evaluation because of insufficient documentation indicating the medical necessity for additional time spent on this consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 8/19/14) outpatient range of motion/muscle testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request failed to specify the joint to be tested. Therefore, the request is not medically necessary.

Retrospective (DOS 8/19/14) prolonged evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of persistent neck pain and back pain. Physical examination showed muscle spasm, tenderness, and limited motion of the cervical spine. Examination of the lumbar spine showed positive tenderness, positive Patrick's test, muscle spasm, and positive straight leg raise test on the left. Patient is being followed-up by her orthopedic surgeon. She was last seen on 9/19/2014; medications were refilled and MRI of the lumbar spine was requested. The medical necessity for a follow-up visit had been established given that patient's response to therapy should be re-assessed. However, the present request as submitted was ambiguous. Therefore, the request is not medically necessary.