

Case Number:	CM14-0182556		
Date Assigned:	11/07/2014	Date of Injury:	05/20/2009
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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 with an injury date on 5/20/09. Patient complains of constant, sharp cervical and low lumbar pain rated 8/10 per 8/19/14 report. Patient states that walking, bending, stooping, carrying, and prolonged sitting makes her pain worse, and rest improves symptoms per 8/19/14 report. Based on the 8/19/14 progress report provided by the treating physician the diagnoses are: 1. cervical strain 2. Bilateral upper extremity radiculitis/neuropathic pain 3. Lumbar strain rule out disc herniation 4. Bilateral lower extremity radiculitis/neuropathic pain 5. Depression 6. Headaches Exam on 8/19/14 showed "C-spine range of motion is limited, with extension at 30 degrees. L-spine range of motion is full." Patient's treatment history includes medication (currently Cyclobenzaprine, Diclofenac, Prilosec, Ondansetron, and Tramadol). The treating physician is requesting retrospective review for date of service 8/19/14 for outpatient range of motion muscle testing, and retrospective review for date of service 8/19/14 for prolong evaluation. The utilization review determination being challenged is dated 9/30/14 and denies request for evaluation due to a lack of sufficient documentation indicating medical necessity for additional time spent on the consultation. The treating physician provided treatment reports from 3/12/14 to 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (DOS) 08/19/14 for outpatient range of motion (ROM)/muscle testing.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ROM Testing Page(s): 48.

Decision rationale: This patient presents with neck pain and back pain. The treater has asked for retrospective review for date of service 8/19/14 for Outpatient Range of Motion Testing. There are no evidence based guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits include objective measures of clinical exam findings. It states, "ROM should be documented in degrees. In this case, ROM measurements obtained in degrees are something that can easily obtain via clinical examination. It does not require computerized measuring. ROM is part of routine physical examination findings. Therefore, Retrospective review for date of service (DOS) 08/19/14 for outpatient range of motion (ROM)/muscle testing is not medically necessary.

Retrospective review for date of service (DOS) 08/19/14 for prolong evaluation.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, 398.

Decision rationale: This patient presents with neck pain and lower back pain. The treater has asked for Retrospective Review for Date of Service 8/19/14 For Prolong Evaluation. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Referral to a psychiatrist for medicine therapy. In this case, the report from 8/19/14 reviewed does not show that this was an extra-ordinary visit. Routine evaluation with examination is found. There was no documentation of any prolonged session involving counseling or education. Therefore, Retrospective review for date of service (DOS) 08/19/14 for prolong evaluation is not medically necessary.

