

<b>Case Number:</b>	CM14-0214974		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/20/2006
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### 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 56-year-old female who sustained a work related injury to her low back on 2/2/2006. The mechanism of injury described is trying to reposition a patient. She retired in September of 2010. Prior imaging studies have included MRI's and EMG/NCS. Diagnoses include chronic back pain. Prior treatment has consisted of lumbar facet injections, lumbar epidural steroid injections, physical therapy, home exercise program, and medications. A utilization review physician did not certify requests for a supplement called Toprophan and a request for computerized range of motion muscle testing. Therefore, an Independent medical review was requested to determine the medical necessity of these items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toprophan Qty: 30.00.:** 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 Food and Drug Administration

**Decision rationale:** California MTUS guidelines note that range of motion testing is part of the physical exam process. There is no documentation to establish the medical necessity of this diagnostic exam as a separate procedure from the general physical exam. This request for computerized range of motion testing is not considered medically necessary.

**Computerized range of motion and muscle testing Qty: 1.00.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain considerations Page(s): 34.

**Decision rationale:** MTUS guidelines note that range of motion testing is part of the physical exam process. There is no documentation to establish the medical necessity of this diagnostic exam as a separate procedure from the general physical exam. This request for computerized range of motion testing is not considered medically necessary.