

<b>Case Number:</b>	CM14-0218390		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a fifty-one year old male, who sustained an industrial injury on July 24, 2009. He has reported constant low back pain. The diagnoses have included lumbar disc disease, lumbar and thoracic radiculitis and lumbar facet syndrome. Treatment to date has included left L5 selective nerve root block, hot/cold packs, physical therapy and pain management. Currently, the injured worker complains of constant low back pain on and off radiating into the left lower extremity. He currently wears a back brace and uses a cane for ambulation. On physical examination, the injured worker has a normal examination of the neck and mid-back. He exhibited tenderness of the bilateral paravertebral muscles and left lumbar facet tenderness over L4-L5 and L5-S1. He exhibited hyperalgesia at the L5-S1 nerve root and mild weakness of the left lower extremity. On December 12, 2014 Utilization Review non-certified a retrospective request for outpatient range of motion testing noting the CA MTUS Chronic Pain Treatment Guidelines. On December 30, 2014 the injured worker submitted an application for IMR for review of retrospective request for outpatient range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for outpatient range of motion testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24. Decision based on Non-MTUS Citation Flexibility

**Decision rationale:** Both the MTUS Guidelines and ODG Guidelines clearly state that a routine musculoskeletal exam should include range of motion measurements. ODG Guidelines go on to state that these measurements may have little utility in evaluating chronic low back pain. The Guidelines do not consider this as a distinct procedure that should be performed outside of an adequate exam by a treating physician. There are no unusual circumstances to justify an exception to Guidelines. The outpatient range of motion testing is/was not medically necessary.