

Case Number:	CM15-0010203		
Date Assigned:	01/27/2015	Date of Injury:	08/12/2008
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey

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 injured worker was a 66 year old male, who sustained a work related injury, on August 12, 2008. The injured workers chief complaint was low lumbar back pain with shooting pain down the legs bilaterally. The injured worker was diagnosed with lumbar sprain/strain with myospasms, antalgic gait, chronic low back pain syndrome and lumbar radiculopathy. The injured worker was treated with Norco, epidural steroid injection on August 15, 2014, Ibuprofen, laboratory studies, physical therapy, home exercise program and Soma. On October 30, 2014, the primary treating physician requested authorization for range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion (ROM) testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014 low back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower Back section, Flexibility

Decision rationale: The MTUS ACOEM Guidelines for lower back complaints includes basic manual range of motion testing as part of a standard physical exam, but also notes that range-of-motion measurements of the low back are of limited value, as there is so much variation among persons. The MTUS does not comment on the computerized range-of-motion testing. The ODG states that measuring flexibility, such as with range of motion testing is not recommended as a primary criteria, but should be part of a routine physical examination, but the guidelines do not recommend computerized measurements of lumbar spine range of motion, such as with an inclinometer as the results have unclear value over manual testing. The ODG states that inclinometers may be useful when evaluating symptomatic spondylolisthesis when there is consideration for surgery. In the case of this worker, there was no indication based on the documentation provided for review to suggest that an inclinometer or mechanical range of motion test was appropriate as there was no discussion of surgery. Therefore, the range of motion testing will be considered medically unnecessary. Manual range of motion testing is sufficient.