

Case Number:	CM15-0113518		
Date Assigned:	07/22/2015	Date of Injury:	08/17/2014
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Illinois

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:

This 43 year old woman sustained an industrial injury on 8/17/2014. The mechanism of injury is not detailed. Diagnoses include cervical myospasm, cervical radiculopathy, cervical sprain/strain, rule out cervical disc protrusion, rule out thoracic disc protrusion, thoracic muscle spasm, thoracic sprain/strain, lumbar myospasm, lumbar spine pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion. Treatment has included oral medications. Physician notes on a PR-2 dated 4/27/2015 show complaints of cervical spine pain rated 7/10 with stiffness and weakness, thoracic spine pain rated 7/10 with stiffness and heaviness, and lumbar spine pain rated 8/10 with stiffness, heaviness, tingling, and weakness. Recommendations include acupuncture, increase activities of daily living, send functional capacity evaluation report, pain management consultation for medications, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Range of Motion test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Range of motion (ROM) (2014).

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 - Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: The injured worker sustained a work related injury on 8/17/2014. The medical records provided indicate the diagnosis of cervical myospasm, cervical radiculopathy, cervical sprain/strain, rule out cervical disc protrusion, rule out thoracic disc protrusion, thoracic muscle spasm, thoracic sprain/strain, lumbar myospasm, lumbar spine pain, lumbar radiculopathy, lumbar sprain/strain, and rule out lumbar disc protrusion. Treatment has included oral medications. The medical records do not indicate a medical necessity for 1 Range of Motion test. The MTUS is silent on the topic but the Official Disability Guidelines states, "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation provided for review." The request is not medically necessary.