

Case Number:	CM15-0113940		
Date Assigned:	06/22/2015	Date of Injury:	03/12/2015
Decision Date:	07/22/2015	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, New York, 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 applicant is a represented 43-year-old who has filed a claim for neck, mid back, and low back pain reportedly associated with an industrial injury of May 12, 2015. In a Utilization Review report dated May 26, 2015, the claims administrator retrospectively denied range of motion testing performed on April 22, 2015. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant apparently underwent an "initial FCE" to include some of the range of motion testing at issue. On May 20, 2015, naproxen, tramadol, a lumbar support, and continuous heating device were endorsed. 7/10 pain complaints were reported. The applicant was given a rather proscriptive 20-pound lifting limitation. The note was very difficult to follow and not altogether legible. On April 21, 2015, the applicant presented with multifocal complaints of neck, mid back, and low back pain with derivative complaints of stress, anxiety, and depression. A TENS unit, naproxen, and the range of motion testing at issue were apparently endorsed. The note was very difficult to follow as it comprised, in large part, of cite guidelines and articles of various kinds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for ROM (range of motion) testing, date of service 04/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - (<http://www.odg-twc.com/>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170, 293.

Decision rationale: No, the request for range of motion testing performed on April 22, 2015 is not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the neck, mid back, and low back. However, the MTUS Guideline in ACOEM Chapter 12, page 293 notes in its Observation and Regional Examinations section that range of motion measurements of the low back are of "limited value" owing to the marked variations between applicants with and without symptoms. In a similar vein, the MTUS Guideline in ACOEM Chapter 8, page 170 also notes that range of motion measurements of the neck and upper back are "of limited value" owing to the marked variation amongst the applicants with and without neck and/or upper back pain complaints. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of formal computerized range of motion testing in the face of the unfavorable ACOEM positions on the same for the body parts in question. It was not stated or established how (or if) the range of motion testing at issue influenced or altered the treatment plan. Therefore, the request is not medically necessary.