

Case Number:	CM15-0127439		
Date Assigned:	07/20/2015	Date of Injury:	12/07/2012
Decision Date:	08/17/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

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 is a 38-year-old male, who sustained an industrial injury on December 7, 2012. He reported he felt a pop in his lower back. Treatment to date has included physical therapy, home exercise program, medication, x-rays and an MRI. Currently, the injured worker complains of constant and severe cervical spine pain described as burning and exacerbated by looking down. He also reports thoracic spine pain that is constant and moderate to severe also described as burning and is aggravated by sitting and using the bathroom. He has lumbar spine pain that is constant and moderate that radiates to his lower extremities and is described as burning. The pain is increased by walking and bending forward at the waist. He reports front chest pain that is constant and minimal, which is described as sharp. The pain is increased by washing dishes and bending forward. He reports bilateral calves and feet pain. The calves pain is constant and severe described as burning and is associated with numbness. The pain is increased by squatting, kneeling and picking up items. His bilateral feet pain is constant and minimal described as burning. Prolonged walking increases the pain. The injured worker is diagnosed with lumbar disc displacement without myelopathy, sciatica, cervical disc herniation without myelopathy, thoracic sprain-strain, rib sprain-strain and bilateral ankle sprain-strain. His work status is temporarily very disabled. The injured worker re-injured his back on February 24, 2015. A note dated March 26, 2015 states there are spasms and tenderness noted at the cervical, thoracic and lumbar spine as well as both of his ankles. Cervical, thoracic and lumbar spine range of motion induces pain as well as range of motion in both of his ankles. A physical therapy note dated January 11, 2013 states the injured worker is experiencing reduced pain and good follow through with home exercise program. A request for a follow up appointment

with range of motion measurements and addressing activities of daily living for the lumbar spine is sought to continue to measure the injured worker's progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with Range of motion measurements and addressing activities of daily living for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292, 293 & 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Lumbar Spine Section: Flexibility.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with occupational low back complaints. Regarding the issue of follow-up, the MTUS/ACOEM guidelines state the following: Patients with potentially work-related low back complaints should have follow-up every three to five days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up can occur when a release to modified-, increased-, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working (Page 303). Regarding the request for range of motion testing, the MTUS/ACOEM guidelines state that range of motion assessments should be expected as part of the routine examination of a patient with a low back complaint (Page 293). Further, the Official Disability Guidelines (Low Back Complaints/Flexibility Testing) state the following: Range of motion measurements are not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The MTUS/ACOEM Guidelines state that limitations for activities related to the lumbar spine should also be expected as part of the routine examination of a patient with a low back complaint (Page 292). In this case, the request for a follow-up visit specifically for range of motion measurements and addressing activities of daily living for the lumbar spine is not consistent with the expectations of the above-cited MTUS/ACOEM guidelines. Range of motion testing and assessment of activities of daily living related to the lumbar spine should be incorporated as part of the routine evaluation of a patient during the follow-up period. The Official Disability Guidelines do not support range of motion measurements. For these reasons, a follow-up visit with range of motion measurements and addressing activities of daily living for the lumbar spine is not considered as medically necessary.