

Case Number:	CM15-0175896		
Date Assigned:	09/17/2015	Date of Injury:	07/10/2014
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 10, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for range of motion testing on a monthly basis. The claims administrator referenced non-MTUS ODG Guidelines in the determination, despite the fact that the MTUS addresses the topic. An August 11, 2015 office visit was also cited. On an RFA form dated August 11, 2015, a medication management consultation was sought. In an associated progress note of the same date, August 11, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. Diminished lumbar range of motion was noted. An updated lumbar MRI was sought while the claimant was kept off of work. In an RFA form dated August 12, 2015, monthly range of motion testing for the low back was sought, seemingly without any supporting rationale or narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing on a monthly basis: 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), Flexibility.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination.

Decision rationale: No, the request for range of motion testing on a monthly basis was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the lumbar spine, it was acknowledged on the August 11, 2015 RFA form at issue. However, the MTUS Guideline in ACOEM Chapter 12, page 293 deems range of motion measurements of the low back of "limited value" owing to the marked variation amongst applicants with and without symptoms. Here, little-to-no narrative commentary accompanied the August 11, 2015 RFA form. It was not clearly stated why range of motion testing was sought in the face of the unfavorable ACOEM position on the same for the body part at issue, the lumbar spine. Therefore, the request was not medically necessary.