

Case Number:	CM15-0091097		
Date Assigned:	05/15/2015	Date of Injury:	12/30/2010
Decision Date:	06/23/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/12/2015

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: California, North Carolina

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 48 year old female, who sustained an industrial injury on 12/30/2010. She reported falling on the stairs onto her left knee. The next day she developed back pain. Diagnoses have included L4-5 disc herniations with significant disc deterioration, facet arthropathy and foraminal stenosis. Treatment to date has included physical therapy, acupuncture and medication. Magnetic resonance imaging (MRI) of the lumbar spine from 6/16/2011 showed moderate disc degeneration. According to the progress report dated 4/28/2015, the injured worker complained of constant lower back pain rated 4-5/10. The injured worker ambulated with a slight limp towards the right leg. Exam of the lumbar paravertebral muscles revealed tenderness to palpation with spasms. The injured worker was to continue her home exercise program and daily walking. Authorization was requested for range of motion testing and magnetic resonance imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The ODG states that computerized ROM testing is not supported. ROM testing can be done manually with inclinometers. In this case the type of ROM testing is not specified. The relation between ROM measurements and functional ability is weak or nonexistent. ROM results are of unclear therapeutic value. There is no rationale in this case of the goals of ROM testing, therefore the request is deemed not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310.

Decision rationale: The ACOEM guideline lists criteria for ordering imaging studies and includes the following: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The claimant's medical records do not show evidence of neurologic deficits or change in neurologic examination to warrant an MRI. The guideline criteria are not met. The request for an MRI is not medically necessary or appropriate.