MAXIMUS Federal Services

Case Number:	CM14-0001231		
Date Assigned:	03/19/2014	Date of Injury:	08/21/2012
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Neurosurgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female whose date of injury is 08/21/2012. On this date, she was rushed by a patient, grabbed by the neck and thrown to the ground. The treatment to date includes chiropractic care and physical therapy. A note dated 09/23/13 states that she has been treated with lumbar chiropractic manipulation as well as physical therapy to the low back. A qualified medical re-evaluation dated 02/27/14 indicates that the patient complains of an exacerbation of low back and bilateral hip pain. The patient is currently working full time at her regular duties. The patient completed a recent course of physical therapy times five (5) on 02/18/14. On physical examination, the lumbar range of motion is flexion 60, extension 25, bilateral lateral bend 25 degrees. There is good strength in the lower extremities. Sensation is intact. Motor function remains fully intact. Straight leg raising is negative bilaterally. The Thomas and Faber maneuvers are negative. An assessment showed lumbar radicular pain syndrome. The physical examination is fairly unremarkable. A lumbar MRI dated 05/14/14 revealed L4-5 mild bilateral facet arthropathy causing slight anterolisthesis and mild foraminal narrowing; no disc protrusion, stenosis or fracture is identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: The patient has undergone prior physical therapy as well as a recent course of at least five (5) sessions in February 2014. The Chronic Pain Guidelines support one to two (1-2) visits every four to six (4-6) months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The patient's objective functional response to physical therapy is not documented to establish efficacy of treatment and support additional sessions. The physical examination is fairly unremarkable, and the patient is working full time at her reglar duties. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

SACROILIAC INJECTION - RIGHT SIDE: 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), HIP AND PELVIS (ACUTE & CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS CHAPTER, SACROILIAC JOINT INJECTIONS.

Decision rationale: The Official Disability Guidelines require documentation of at least three (3) positive exam findings prior to the performance of a sacroiliac joint injection. The patient's physical examination does not document any positive exam findings. The physical examination is fairly unremarkable.