

Case Number:	CM14-0062834		
Date Assigned:	07/11/2014	Date of Injury:	11/19/2013
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation 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 57-year-old female with a date of injury of 11/09/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar sprain or strain, 2. Sciatica, 3. Sprain/strain of hip/thigh. The medical file provided for review only includes 1 progress report. According to report 04/01/2014 by [REDACTED], the patient reports right hip is doing pretty good. His lumbar spine pain is decreased to occasional to intermittent slight pain, with radiating sensation into the right SI and glut. Examination revealed positive Laguerre testing and Fabere test causing pain at the hip and SI joint. There was paravertebral muscle hypertonicity along with tenderness to palpation in the right greater trochanter. The patient was advised he needs an active care and rehab program including strengthening. The treater is requesting chiropractic treatment x4 sessions and physical therapy x4 sessions. Utilization review denied the request on 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Procedure Summary updated 03/31/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58,59.

Decision rationale: This patient presents with right hip and low back pain. The patient reported overall the right hip was doing "pretty good" and his lumbar pain was decreased to occasional to intermittent slight pain. The treater is requesting chiropractic treatments 1 time a week for 4 weeks. Utilization review denied the request stating there is limited documentation of specific sustained functional improvement from the treatment performed to date. For chiropractic treatment, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. The medical file provided for review includes no prior chiropractic treatment history. Utilization review from 04/24/2014 indicates the patient has participated in prior chiropractic treatment. The treater is requesting additional 4 sessions with "the majority of his treatment to be at home." The treater has not provided any evidence of objective functional improvement to warrant additional treatment. Recommendation is for denial.

Physical Therapy x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Procedure Summary updated 03/31/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: This patient presents with right hip and low back pain. The treater is requesting physical therapy once a week for 4 weeks with "majority of his treatment to be at home." For physical medicine, the MTUS Guidelines page 98 and 99 recommend for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the medical file provided for review includes no treatment history. Utilization review indicates the patient has participated in prior physical therapy, the number of sessions received and the outcome of these sessions are not provided. Without documented improvement and treatment history, additional sessions cannot be recommended. Recommendation is for denial.