

Case Number:	CM15-0165389		
Date Assigned:	09/02/2015	Date of Injury:	08/19/2014
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial-work injury to the back and right hip after a slip and fall on 8-19-14. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine contusion and sprain, lumbosacral sprain and right sciatica and right hip sprain. He has a history of hypertension since the injury. Medical records dated 7-21-15 indicate that the injured worker complains of constant and severe pain in the upper and lower thoracic spine that radiates to the low back. He also complains of pain in the low back with pain that radiates to the right hip and leg with occasional giving way to the right lower extremity (RLE). He complains of occasional numbness and tingling in the right leg, ulnar crest and trochanter area. Per the treating physician report dated 7-21-15 the work status is modified duty with restrictions. The physical exam dated 7-21-15 reveals there is a mild right antalgic gait, the right leg is slightly longer, the left shoulder is slightly longer, the neck and head shift mildly to the right, there is mild pain in the right hip performing a squat, straight leg raise is positive on the right, Fabere is positive on the right, there is crepitation in the left knee with range of motion, and patellar grinding test is 1+ on the left knee. Treatment to date has included pain medication, activity modification, work modifications, and diagnostics. X-Rays of the thoracic spine, lumbar spine and right hip were done. The diagnostic reports were not noted in the records. Of note, there were limited records for review. The original Utilization review dated 8-4-15 denied a request for Baseline Functional Capacity Evaluation as not medically necessary and Chiropractic treatment 3 times a week for 4 weeks, thoracic spine was modified to Chiropractic treatment 3 times a week for 2 weeks because the injury was a year ago and he currently complains of back pain. Guidelines recommend a trial of 6 visits over 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines (second edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, p. 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury after he slipped and fell in August 2014 and continues to be treated for upper and lower thoracic spine with radiating symptoms and radiating low back pain. When seen, there was a mildly antalgic gait. There was positive right straight leg raising and Fabere testing was positive. There was positive left patellar grinding and knee crepitus with range of motion. There was a mild neck and head tilt towards the right. A functional capacity evaluation and initial chiropractic treatments were requested. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. The claimant has been referred for additional chiropractic treatments. The requesting provider does not consider him to be at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.

Chiropractic treatment 3 times a week for 4 weeks, thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant sustained a work injury after he slipped and fell in August 2014 and continues to be treated for upper and lower thoracic spine with radiating symptoms and radiating low back pain. When seen, there was a mildly antalgic gait. There was positive right straight leg raising and Fabere testing was positive. There was positive left patellar grinding and knee crepitus with range of motion. There was a mild neck and head tilt towards the right. A functional capacity evaluation and initial chiropractic treatments were requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and not medically necessary.