

Case Number:	CM14-0165624		
Date Assigned:	10/10/2014	Date of Injury:	09/06/2012
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management 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 injured worker is a 58-year-old male with a date of injury on September 6, 2012. The injured worker was seen by the provider on January 21, 2014 with complaint of low back pain that radiated to his right hip joint area. On examination, the injured worker had antalgic gait. The lumbar spine examination revealed limited extension range of motion and pain with bending forward. The Patrick's and Faber's test was positive on the right side. Tenderness was present over the right sacroiliac joint and over the L4-L5 and L5-S1 facet joints and paraspinal musculature. The injured worker is also being seen by another provider. On February 26, 2014, the injured worker complained of pain in his low back and right hip. On examination, his gait was affected by a right leg limp. On palpation, pain was elicited over the right lumbar paraspinal muscles. Active flexion range of motion was limited. The injured worker returned to the first provider on April 24, 2014 with pain level of 4/10. On examination, he had antalgic gait and used cane for ambulation. Tenderness was present over the right greater trochanter, right inguinal crease, and over the lumbar paraspinals and lower lumbar facet joints. The x-ray exam of the right pelvis revealed evidence of prior surgical intervention of the right femoral neck with moderate osteoarthritis of the right hip and mild to moderate osteoarthritis of the left hip. The injured worker followed-up with on May 1, 2014 with pain level of 3/10. The physical examination demonstrated tenderness over the right greater trochanter and right inguinal area, as well as antalgic gait. On May 27, 2014, ultrasound-guided corticosteroid injection to the right hip was performed. Subsequently, on June 10, 2014, the injured worker reported reduction in the pins and needles sensation in his right hip after the injection and that he was able to walk better and had improvement with sleep. His rated his pain at a level of 3/10. On examination, tenderness was noted over the anterior aspect of the right hip joint and over the abdomen. The injured worker underwent six sessions of acupuncture treatment from July 3 to July 22, 2014. He

was reevaluated on September 9, 2014 with pain level of 4/10. He reported significant improvement in his pain while getting acupuncture treatments. He was able to take less tramadol, was able to drive, walk longer and do household chores. On examination, there was tenderness over the lumbar paraspinal musculature and range of motion was limited due to pain. On September 15, 2014, the injured worker complained of persistent pain in his lumbar spine that radiated to his right hip joint with pain level of 6/10. The physical examination revealed tenderness over the lumbar paraspinal musculature and facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of myofascial release therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58 - 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation

Decision rationale: There was no evidence that the injured worker had failed to improve with self-directed home exercise program to necessitate a more dedicated treatment. The Chronic Pain Medical Treatment Guidelines recommended a trial of six visits of manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in therapeutic exercise program and return to productive activities. Moreover, aside from tenderness, the injured worker has no significant physical limitation and/or objective evidence of substantial deficit to require specialized treatment versus home exercises. The Official Disability Guidelines states that workers with signs and symptoms that suggest movement restrictions of the lumbar region should be treated with joint mobilization-manipulation techniques and range of motion exercises. The request is not medically necessary.