

Case Number:	CM15-0018912		
Date Assigned:	02/06/2015	Date of Injury:	10/19/2014
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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
 Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained an industrial injury on 10/19/14. Computed tomography cervical spine was negative for acute process. Hip x-rays showed a chip fracture to the lateral great trochanter. The injured worker was diagnosed with hip contusion and neck sprain/strain. Treatment included physical therapy and medications. In a doctor's first report of occupational illness dated 1/2/15, the injured worker reported intermittent pain to the mid and lower back. The injured worker reported that the neck pain had resolved. Physical exam was remarkable for tenderness to palpation lumbar spine and right sacroiliac joint with intact sensation and motor strength as well as tenderness to palpation to the right greater trochanter with pain upon range of motion. The injured worker had pain to the lumbar spine with right side bending but no deficit to lumbar spine range of motion. The injured worker reported that the right hip pain had improved with physical therapy and home exercises. The injured worker was diagnosed with lumbar sprain/strain, lumbosacral radiculitis, hip/thigh strain, myofascial pain and thoracic sprain/strain. The treatment plan included a transcutaneous electrical nerve stimulator unit for home use and 12 chiropractic sessions for the thoracic and lumbar spine. Magnetic resonance imaging lumbar spine (1/19/15) showed disc desiccation and a small ventral annular tear at L3-4. On 1/20/15, Utilization Review noncertified a request for Chiropractic Treatment 12 visits to thoracic spine and lumbar spine noting lack of documentation of objective functional improvement following previous physical therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 12 visits to thoracic spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with pain in the lumbar spine with right side bending resulting from a chip fracture and injury to his hip. Reviewed of the available medical records showed previous treatments include medications and physical therapy. There is no prior chiropractic treatments. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvements in the trial visits, the request for 12 visits is not medically necessary.