

Case Number:	CM15-0118098		
Date Assigned:	06/26/2015	Date of Injury:	05/04/2013
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old female, who sustained an industrial injury on 5/4/13. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; lumbar or lumbosacral disc degeneration; lumbago; chronic pain syndrome; hip and thigh injury not otherwise specified.. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/7/15 indicated the injured worker complains of pain 8/10 that radiates to the lower back and right leg. Relieving factors include medication and rest. The provider lists current medications as Laxacin; omeprazole DR; Diclofenac Sodium and Lunesta. She is a diabetic and is treated for thyroid disease. She is a status post right hip arthroscopy on 5/15/14. On physical examination, the provider notes she has an antalgic gait but uses not devices for ambulation. Her lumbar spine exam notes tenderness on palpation of the paravertebral muscles on the right side. Spinous process shows tenderness at L3, L4, and L5. Straight leg raise test is positive on the right side at 90 degrees in sitting position. The right hip range of motion is restricted with extension limited to 20 degrees due to pain and abduction limited to 30 degrees due to pain. Tenderness is noted over the right groin, right SI joint and right greater trochanter. The right knee range of motion is restricted with extension limited to 150 degrees due to pain. Sensory exam noted light touch sensation is decreased over the medial thigh, lateral thigh on the right side. The provider is requesting authorization for Chiropractic therapy for the left spine and right hip for 8 sessions and MRI without contrast for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy left spine and right hip for 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58 of 127.

Decision rationale: This claimant was injured in 2013. Diagnoses were lumbar disc displacement without myelopathy; lumbar or lumbosacral disc degeneration; lumbago; chronic pain syndrome; and a hip and thigh injury not otherwise specified. Treatment to date has included physical therapy with unknown functional improvement outcomes. There is persistent pain. She is a status post right hip arthroscopy on 5/15/14. There is an antalgic gait, but no assistive devices. Regarding Chiropractic care, also known as manual therapy and manipulation, the MTUS notes: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The number of visits exceed the MTUS; the request is not medically necessary as presented.

MRI without contrast for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, MRI.

Decision rationale: As shared earlier, this claimant was injured in 2013. Diagnoses were lumbar disc displacement without myelopathy; lumbar or lumbosacral disc degeneration; lumbago; chronic pain syndrome; and a hip and thigh injury not otherwise specified. Treatment to date has included physical therapy with unknown functional improvement outcomes. There is persistent pain. She is a status post right hip arthroscopy on 5/15/14. There is an antalgic gait, but no assistive devices. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: Osseous, articular or soft-tissue

Abnormalities Osteonecrosis Occult acute and stress fracture Acute and chronic soft-tissue injuries Tumors. It is not clear the claimant had these conditions; moreover, I would agree that the certified therapy should be completed before moving on to more diagnostics; the request is not medically necessary.