

Case Number:	CM15-0002804		
Date Assigned:	01/13/2015	Date of Injury:	11/16/2010
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

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 58-year-old female who reported an injury on 11/16/2010. The mechanism of injury was not stated. The current diagnoses include right shoulder derangement and sciatica/lumbar herniated disc. The injured worker presented on 11/19/2014 with complaints of 7/10 right shoulder pain and 8/10 low back pain. Upon examination there was moderate pain at the L1-5 region with radiation into the bilateral SI joints. There was also moderate pain of the right shoulder muscles. Recommendations included continuation of orthopedic treatment, a followup with pain management specialist and 4 sessions of chiropractic therapy. A request for authorization form was then submitted on an unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 4 visits 1 visit per week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chiropractic Guidelines-Elbow

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

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. According to the documentation provided, the injured worker has completed an extensive amount of chiropractic therapy. There is no documentation of objective functional improvement. Therefore, additional treatment would not be supported. There is also no specific body part listed in the current request. As such, the request is not medically appropriate.

Continue Orthopedic Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. The specific type of orthopedic treatment to be continued was not mentioned in the request. Therefore, the request is not medically appropriate in this case.

Continued Pain Management follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a physician followup can occur when a release to modified, increased or full duty is needed, or after appreciable healing or recovery can be expected. According to the documentation provided, the injured worker has been previously treated with an extensive amount of conservative management without mention of an improvement in symptoms. While it is noted that certain treatments require a followup session for reassessment, the current request for continuation of pain management followup visits is not appropriate as the approval would allow for an unknown amount of followup sessions. Therefore, the request is not medically necessary.