

Case Number:	CM15-0003558		
Date Assigned:	01/21/2015	Date of Injury:	07/11/2013
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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:

The injured worker is a 58 year old male, who sustained an industrial injury on 07/11/2013. He reported to be reaching with his right arm to climb onto a fire engine when he felt a pop in the right shoulder causing pain to the right shoulder and then subsequently falling and landing on his buttock area. The injured worker was diagnosed with right shoulder rotator cuff tear, status post arthroscopic repair and distal clavicle resection, lumbar five to sacral one degeneration, lumbar four to sacral one facet arthropathy, left leg radiculopathy, right long trigger finger, post-operative right carpal tunnel syndrome versus cervical radiculopathy, and coccydynia. Treatment and diagnostic studies to date has included urine drug screens, magnetic resonance imaging of the cervical spine, right shoulder injection, above listed surgical procedures, myofascial release, massage, therapeutic exercise, electrical muscle stimulation, manipulation, and an oral medication regimen. Currently, the injured worker complains of continued low back and right shoulder pain that is rated an eight to nine without medications and seven to eight with medications. The documentation provided did not contain the current requested treatment for retrospective prescription for lumbar chiropractic therapy along with the reason for the requested treatment. On 12/19/2014 Utilization Review non-certified the retrospective prescription for lumbar chiropractic sessions of one times six for the dates of service of 04/23/2014 to 05/14/2014, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, page 58 to 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic Sessions to the Lumbar (DOS: 4/23/14-5/14/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): (s) 58-60.

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

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medication, injections, physical therapy, and exercises. Reviewed of the available medical records showed no prior chiropractic treatments documented. While MTUS guidelines recommended a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, the request 6 chiropractic sessions is appropriate according to the guidelines. Therefore, the request for 6 retrospective chiropractic sessions to the lumbar is medically necessary.