

Case Number:	CM15-0023008		
Date Assigned:	02/12/2015	Date of Injury:	08/16/2005
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 59-year-old male who reported an injury on 08/16/2005. The injured worker was reportedly struck by a falling cabinet. The current diagnoses include nonallopathic lesion of the cervical spine, chronic cervicitis, chronic pain syndrome, sprain of the rotator cuff, shoulder girdle weakness, supraspinatus tear, and rupture of the tendon of the biceps. The injured worker presented on 01/16/2015 for a followup evaluation with complaints of persistent shoulder pain. The injured worker was utilizing Norco 10/325 mg, Gralise 600 mg, and Motrin. Previous conservative treatment included chiropractic therapy. It was also noted that the injured worker is status post 3 separate surgeries for the right shoulder. Upon examination, there was tenderness to palpation at C6-7, full range of motion of the cervical spine, positive tightness of the trapezius, pain at the facet area, pain in the left trapezius and left shoulder, pain with external rotation and abduction, limited range of motion of the right shoulder, tenderness over the lateral epicondyle, positive Tinel's sign of the right wrist, positive Tinel's sign at the right ulnar elbow, mild pain in the lumbosacral area, and decreased sensation in the 2nd digit on the left. Recommendations included continuation of the current medication regimen as well as occasional chiropractic treatment. A Request for Authorization form was then submitted on 01/16/2015 for chiropractic therapy and a cervical epidural steroid injection with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended with a therapeutic trial of 6 visits over 2 weeks. According to the documentation provided, the injured worker has previously participated in chiropractic therapy. However, there was no documentation of significant functional improvement. Therefore, ongoing treatment would not be supported. As such, the request is not medically appropriate.

Epidural steroid injection (ESI) with sedation at C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended for radicular pain. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, there was no evidence of cervical radiculopathy upon examination. There was no mention of a recent attempt at any conservative treatment for the cervical spine to include active rehabilitation. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of cervical radiculopathy. Given the above, the request is not medically appropriate.