

Case Number:	CM15-0089706		
Date Assigned:	05/14/2015	Date of Injury:	04/12/2013
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52-year-old male who sustained a work related injury April 12, 2013. Past history included lumbar epidural blood patch at L5-S1 September 2014, manipulation under anesthesia right shoulder May 2014, right shoulder arthroscopy SAD (subacromial decompression), anterior acromioplasty, coracoacromial ligament release and rotator cuff repair with 2 opus anchors October, 2013, and hypertension. According to a comprehensive re-examination, qualified medical examiner report, dated March 2, 2015, the injured worker presented with lumbar spine pain, left greater than right and tightness in the right shoulder. He returned to work approximately October 2014, without restriction. He reports to have cervical spine flares secondary to work; however, the pain medication does help. Diagnoses are right shoulder post- surgery rotator cuff tear; lumbar spine bilateral S1 radiculopathy with lumbar epidural steroid injection complication CSF (cerebral spinal fluid) leak; post-surgical arthrosis, right shoulder. At issue, is the request for authorization for chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 6 additional sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant had already undergone 6 sessions of therapy. The claimant had persistent pain for which a medial branch block was considered. There was no significant improvement in function documented and there was noted a failure in conservative treatment on 4/1/15. As a result, additional chiropractor therapy is not necessary.