MAXIMUS Federal Services

| Case Number: | CM13-0034175 | | |
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| Date Assigned: | 12/06/2013 | Date of Injury: | 02/01/2011 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 34 year old male who reported mid back pain after being crushed between two push carts weighing approximately 400 lbs. on 6/5/08. According to the records he was not treated in a timely manner for the 6/5/08 injury. Accumulative trauma after that date until 2/1/2011. On 8/22/2011 an Orthopedic evaluation and x-rays was performed followed by the patient receiving medications, back brace, TENS unit and heat pads. On 6/11/2012 a thoracic steroidal injection at T7-T8 was performed 50 % improvement for 4 weeks and zero improvement after 2 months. MRI of Thoracic spine 1/03/13 revealed 1) Loss of intervertebral disc and disc desiccation changes are seen at T7-8, T8-9, T9-10, T10-11 levels with straightening of the normal thoracic curve. No paravertebral soft tissue abnormalities are seen. 2) T7-8, T8-9 LEVELS: Annular concentric and bilateral and lateral 3-3.8 mm broad based disc protrusions are present, flattening and abutting the anterior portion of the thecal sack with mild decrease anterior subarachnoid space with mild to moderate bilateral lateral spinal and neural foraminal stenosis. There is no extrusion or sequestration of the disc material. 3) The study was technically limited due to patient motion and motion artifact. According to the records the patient has received acupuncture and chiropractic treatment with no duration or results of treatment given.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions two (2) times a week for four (4) weeks for the thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of manipulation 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. Manipulation for the back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. They have shown no objective measurable functional improvements and have not request a trial treatment protocol as stated above.