

Case Number:	CM13-0042983		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2013
Decision Date:	04/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert 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 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/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 patient is a 35 year old male who was injured on 06/16/2013 while he was trying to lift battery cover under trailer. Prior treatment history has included 6 sessions of physical therapy, 14 chiropractic visits and six acupuncture treatments. PR-2 dated 10/02/2013 documented the patient to have complaints of mid and low back pain with dull pain traveling around his left side (flank) along the ribcage. The patients pain level 3/10 with medications. Objective findings on exam included examination of the thoraco-lumbar spines showing positive straight leg rising on the right. WLR affects ribcage, Lasegue's and Bechterew's. There is dull pain along the ribcage on the left side (flank). There is pain focus on the T-L junction. Diagnoses: Thoracolumbar sprain, spasm, myofascitis, Left rib (flank) pain and anxiety and sleep difficulty. Treatment Plan: Continue chiropractic care 2 xs per week and acupuncture 2 xs per week for 4 weeks. PR-2 dated 10/17/2013 documented the patient with complaints of frequent mid back pain, 4/10, occasional low back pain with spasms 6/10. Oral/topical medication no side effects. The pain without medications is a 6/10 with medications 4/10. Topical medication cause significant relief. Increase sleep. Acupuncture results in pain relief and sit and stand longer temporary. Objective findings on exam included thoracic range of motion: flexion 40 degrees, right; rotation 20 degrees, left, thoracic spasms. Lumbar spine range of motion decreased in all planes, and Lumbar spasms. PR_2 dated 11/04/2013 documented the patient not changed with complaints of mid and low back pain with dull pain traveling around his left side (flank) along the ribcage. Pain is 3/10 with medications. Objective findings on exam included thoraco-lumbar spines: Straight leg raising positive on right. WLR affects ribcage. Lasegue's and Bechterew's. There is dull pain along the ribcage on the left side (flank). There is Pain focus on the T-L junction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Based on the ACOEM guidelines chiropractic manipulation should be considered safe and effective, given that the patient is showing identifiable improvement in functional capacity. The patient has shown little if any measurable gain with care. This case is clearly chronic and I am concerned about the accuracy of the patient's diagnosis. A thoracic strain should have healed. Therefore the request for additional chiropractic care is non-certified.