

Case Number:	CM13-0058370		
Date Assigned:	12/30/2013	Date of Injury:	08/13/2002
Decision Date:	05/02/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/26/2013

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 licensed 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 34 year old male who injured his upper back on 8/13/2002. The mechanism of injury is not provided in the records. Per the PTP's most recent report patient complains of "mid back and rib pain wrapping around to sternum." Patient has been treated with medications and chiropractic care. Diagnoses assigned by the PTP for the mid back is thoracic disc bulge without myelopathy. There is no mention of any MRI studies or other imaging studies in the records provided. The PTP is requesting 4 chiropractic sessions upper back. UR has modified the certification and authorized 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR FOUR CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Defintions Page 1.

Decision rationale: Records of prior chiropractic care document two flare-ups several months apart as reported. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as

measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The 3 PR2 reports provided document flare-ups as reported by the patient but the findings are not specific to the mid back region and do not show objective functional improvement per MTUS. Specifically, the PR2 reports for the months in which the patient was treated are absent from the records provided. I find that the 4 chiropractic sessions requested to the upper back to not be medically necessary and appropriate.