

Case Number:	CM13-0070992		
Date Assigned:	01/08/2014	Date of Injury:	10/18/2011
Decision Date:	05/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 34 year old male who injured his upper back on 10/15/2011 in a work related auto accident. Per the PTP's most recent report patient complains of "mid back pain, reports tightness, tenderness." Patient has been treated with medications, epidural injections, home exercises, acupuncture and chiropractic care. The patient has also undergone a thoracic facet median nerve rhizotomy. Diagnoses assigned by the PTP for the mid back are motor vehicle accident, thoracic sprain/strain and thoracic disc herniation. MRI study of the thoracic spine has revealed disc bulges measuring 1-2 mm at T6-7 and T9-10 levels. A 2 mm disc protrusion has also been revealed at T8-9. An EMG study of lower extremities has been normal. The PTP is requesting 8 chiropractic sessions to the upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC THERAPY SESSIONS BETWEEN 11/20/2013 AND 1/4/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation Section, as well as Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1.

Decision rationale: A doctor's first report of injury documents prior chiropractic care. Additional chiropractic care records do not exist in the materials provided. 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 8 chiropractic sessions requested to the upper back is not medically necessary and appropriate.