

Case Number:	CM14-0104262		
Date Assigned:	09/24/2014	Date of Injury:	12/30/2013
Decision Date:	10/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Care, and is licensed to practice in Texas. 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 injured worker is a 46-year-old female who reported injury on 12/30/2013 while performing her usual duties sustained cumulative trauma type injuries to the neck, right arm, upper back, and bilateral knees from repetitive nature of the job duties. The injured worker had a diagnosis of cervical pain/sprain, thoracic spine sprain/strain, right wrist dermatitis, bilateral knee dermatitis, depression with anxiety, and insomnia. Past treatments included shockwave, medication, acupuncture, chiropractic therapy, physical therapy, hot and cold therapy unit, LINT, psychotherapy, and pain management. Diagnostics included electromyogram/nerve conduction velocity study. The physical evaluation, dated 01/15/2014, of the thoracic spine revealed no inflammation, swelling, redness, or bruising. Tenderness to palpation over the muscle spasms over the thoracic musculature at the T1 through T11. Range of motion revealed flexion at 50 degrees and extension at 60 degrees. The medications included a topical cream that consists of capsaicin and then cyclobenzaprine 20%, and flurbiprofen. The treatment plan included chiropractic therapy of the thoracic spine. The Request For Authorization dated 05/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Thoracic Spine 2x6: Upheld

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

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

Decision rationale: The request for chiropractic therapy thoracic spine 2x6 is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal condition is recommended. The intended goal or effect of manual medicine is the achievement of positive, symptomatic, and objective measurable gains of functional improvement that facilitate progression of the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. There was lack of documentation indicating whether the injured worker has previously received chiropractic therapy. The injured worker was released to return to work on 02/20/2014 after indicating no pain, no weakness, no numbness, and range of motion was within normal limits. There is no indication that the injured worker had any significant functional deficits for which treatment would be indicated. As such, the request is not medically necessary.