

Case Number:	CM14-0109042		
Date Assigned:	09/19/2014	Date of Injury:	11/23/1994
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 Board Certified in Occupational Medicine 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 claimant was injured on 11/23/94. Six visits for chiropractic treatment, myofascial release and therapeutic exercises over 2 weeks on a trial basis as an outpatient are under review. She was evaluated on 07/03/14. A course of chiropractic care was recommended due to significant pain. She had ongoing hypertonicity and spasm of the parathoracic muscles and limited range of motion with positive Valsalva, Kemp's test, and facet signs bilaterally. MRI reveals central posterior disc protrusions at T1-2, T5-6, T11-T12, T12-L1 as well as a mild to moderate dextrorotocoliosis of the thoracic spine with thoracic kyphosis of 25 and lateral kyphosis of 20. On 12/16/03, a supplemental AME report states she had low back surgery in 1995 and after the surgery she worked at various jobs and returned to full time work in May 2000. She did repetitive work with prolonged sitting. She complained of low back pain after lifting boxes on 02/01/95. She had been treated by various and received chiropractic treatment. She had low back surgery, have physical therapy, and cortisone injections with improvement. She underwent microdiscectomy. In May 2000, prolonged sitting caused increased low back pain that radiated down her left leg. She underwent anterior/posterior fusion at L4-5 and S1 on 09/18/01. She had multiple complications and required ongoing use of medication. She also attended physical therapy. She reported pain in her low back but not the thoracic region at that time. The thoracic region was not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Course of chiropractic treatment, myofascial release and therapeutic exercises 6 visits over 2 weeks on a trial basis for the thoracic spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 28-59 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation, Physical Medicine treatment, massage Page(s): 92, 130, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back - Manipulation; massage (myofascial release)

Decision rationale: The history and documentation do not objectively support the request for a course of chiropractic treatment, myofascial release and therapeutic exercises 6 visits over 2 weeks on a trial basis for the thoracic spine, as an outpatient. The MTUS page 92 states manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine 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 is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." MTUS does not address manipulation of the thoracic spine. MTUS page 130 states physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Page 94 states "massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The ODG states "manipulation may be recommended as an option.... However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." In this case, the claimant has had chiropractic care but it is not clear what specific benefit she received from it or what body part was treated. It is not clear what objective and measurable benefit is anticipated from this type of treatment for her chronic condition or whether she has been instructed to continue a home exercise program in conjunction with these therapies. There is little information about an injury to her thoracic spine or treatment for her thoracic spine to date. The first mention of a thoracic spine problem occurred in the records on 07/03/14. The medical necessity of this request has not been clearly demonstrated.