

Case Number:	CM14-0012476		
Date Assigned:	02/21/2014	Date of Injury:	04/24/2013
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Chiropractic 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:

According to the available medical records, this is a 52-year-old male patient with chronic thoracic spine pain, date of injury April 24, 2013. Previous treatments include chiropractic, physical therapy, medication and home exercise. Progress report dated November 20, 2013 by the chiropractic doctor revealed constant mid back aches, burning, cramping, deep pain and pain is waking me up, rated 4/10. Palpation noted asymmetry, edema, hypertonicity, hypomobile in 13 thoracic region, joint crepitus, motion palpable fixations, muscle spasm, stiffness in bilateral C7, T1, T5-10. Positive Soto Hall test. Positive Minor's sign, positive Valsalva, positive Lindner's, positive bilateral leg raise, positive Kemp's bilaterally. Bilateral thoracic extensors, thoracic intertransverse, thoracic transversospinalis and trapezius: +5, hypertonicity, hypertrophic changes, muscle guarding and splinting spasms. Bilateral T7 and bilateral T9 dermatomes decreased. Back flexion 4/5, back extension 4/5, back side bend 4/5, back rotation 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC THERAPY FOR THE THORACIC SPINE 2 TIMES WEEKLY FOR 2 WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE
GUIDELINES, CHAPTER 12: LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain page 58-59. Recommended for chronic pain.

Decision rationale: According to the available medical records, the patient is permanent and stationary as of October 7, 2013. However, there had been an exacerbation of his back pain at the end of his work day as noted on the October 25, 2013 report from the primary treating physician. The patient had completed eight chiropractic visits from October 28 to November 20, 2013 with evidences of objective functional improvement including decreased in pain level and spasm, reduced medications intake, improve sleep and posture. The request for outpatient chiropractic therapy for the thoracic spine, twice weekly for two weeks, is medically necessary and appropriate.