

Case Number:	CM14-0163263		
Date Assigned:	10/08/2014	Date of Injury:	07/25/2014
Decision Date:	10/30/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency 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 injured worker is a 39 year-old male, who sustained an injury on July 25, 2014. The mechanism of injury is not noted. Diagnostics have included: July 25, 2014 thoracic spine x-rays reported as showing a normal study. Treatments have included: physical therapy, medications. The current diagnoses are: thoracic sprain, cervical disc degeneration lumbosacral neuritis/radiculitis, neck sprain, lumbar sprain. The stated purpose of the request for Chiropractic treatment x 12 sessions, both shoulders, cervical, thoracic and lumbar spine was not noted. The request for Chiropractic treatment x 12 sessions, both shoulders, cervical, thoracic and lumbar spine was modified for 6 sessions on September 30, 2014, noting a trial of 6 sessions is guideline supported with additional sessions requiring documented medical improvement. Per the report dated August 22, 2014 the treating physician noted complaints of mid and low back pain. Exam shows thoracolumbar midline tenderness with negative straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Treatment Sessions, Both Shoulders, Cervical, Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Shoulder, Neck and Upper Back, Low Back, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The requested Chiropractic treatment x 12 sessions, both shoulders, cervical, thoracic and lumbar spine, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend an initial trial of six therapy sessions, with continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has mid and low back pain. The treating physician has documented thoracolumbar midline tenderness with negative straight leg raising test. The treating physician has not documented the medical necessity for an initial trial of chiropractic therapy in excess of the guideline-recommended initial trial of 6 sessions. The criteria noted above not having been met, the request for 12 Chiropractic Treatment Sessions, Both Shoulders, Cervical, Thoracic and Lumbar Spine is not medically necessary.