

Case Number:	CM14-0170311		
Date Assigned:	10/20/2014	Date of Injury:	10/25/2012
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Acupuncture 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 reported to be a 50 year old female with a 10/25/12 date of injury. A PR-2 from the treating Chiropractor dated 8/25/14 reported the patient with constant thoracic spine pain that was sharp and stabbing and migrated to the neck and back. Imaging of 11/23/13 revealed mild diffuse end plate degenerative changes. Chiropractic was requested as an initial trial absent of any reported past history of same care. The request was then the subject of a 9/17/14 UR review/determination that a modified plan of Chiropractic care, 6 of requested 12 sessions, was consistent with CA MTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of chiropractic 2 times a week or 6 weeks to thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 298-9.

Decision rationale: A PR-2 from the treating Chiropractor dated 8/25/14 requested an initial trial of Chiropractic care to manage thoracic spine residuals. The requested care exceeded CAMTUS Chronic Treatment Guidelines for manual therapy that recommends a trial of care at

3-6 sessions. The UR determination of 9/17/14 modified the request to the appropriate recommended treatment plan of 6 sessions having reviewed available medical records and attempting a peer discussion. There were no reviewed medical records supporting the request for 12 sessions of Chiropractic exceeding referenced guidelines. The request is not medically necessary.