

Case Number:	CM14-0089649		
Date Assigned:	07/23/2014	Date of Injury:	06/09/2008
Decision Date:	11/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 51 year old male with chronic mid/upper back pain; date of injury is 06/09/2008. Previous treatment records are not available for review. Treating doctor's first report of injury dated 03/06/2014 revealed patient with mid/upper back pain and muscle spasms that are radiating now around to right side. Physical examination revealed mid/upper back pain on thoracolumbar movement, right side movement causes the pain to elevate, para vertebral spasm and tender vertebra, trigger points in muscles, negative ortho test. Diagnoses include chronic thoracic sp/st, myofascitis, and pain in thoracic spine. The patient is unable to perform usual work but there are no specified restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy treatment to the thoracic spine for 12 sessions, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy/manipulation Page(s): 58-59.

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

Decision rationale: The claimant presents with chronic mid/upper back pain due to an injury over 6 years ago. There is no treatment records/history since 2008 to present. There is no document of any recent flare up. There is no document of functional deficits, and there is no concurrent therapeutic exercise program to facilitate patient improvement/progression. Based on the guidelines cited above, the request for 12 chiropractic visits is not medically necessary.