

<b>Case Number:</b>	CM14-0209848		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 licensed in Chiropractor (DC), 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 injured worker is a 52 year old male who reported thoracic spine pain from injury sustained on 02/18/14. He was lifting a sea lion from some netting and felt mid back pain. Patient is diagnosed with thoracic spine back pain, sprain/strain of thoracic spine, thoracic spine degenerative disc disease, and myofascial pain. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 10/22/14, patient has constant mid back pain that radiates into the right shoulder blades and neck. He has had a lot of spasms in the mid to low back. There is numbness and tingling in the mid back. Pain increases when sitting for longer than 20 minutes. He does not lifting anything over 10 pounds. He has needles and itching sensation in the mid back. Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for thoracic spine pain which was non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment times 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for thoracic spine pain which was non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.