

<b>Case Number:</b>	CM15-0101416		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### 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 58 year old female who sustained an industrial injury on 04/02/2004. Current diagnosis includes strain of the thoracic region. Previous treatments included medications, pain management, chiropractic treatments, and psych. Report dated 04/17/2015 noted that the injured worker presented with complaints that included new onset of back pain. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the thoracic spine, left paraspinal, right paraspinal, and right sided muscle spasms. The treatment plan included starting Naproxen, administered a Toradol injection, chiropractic referral for chronic pain, and a pain management referral. Disputed treatments include chiropractic therapy 2 times 3 (6 sessions) for the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2x3 (6 sessions) Thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The claimant presented with flare up of her chronic back pain with more than 10 year duration. There is no treatment records except for history presented by the claimant. According to the claimant accounted, previous chiropractic treatment have been helpful, thus chiropractic treatment for flare up is recommended by evidences based MTUS guidelines. However, current request for 6-chiropractic therapy session for the thoracic spine exceeded the guidelines recommendation of 1-2 visits every 4-6 months for flare-ups. Therefore, it is not medically necessary.