

<b>Case Number:</b>	CM15-0107471		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/02/1991
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Oriental Medicine

### 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 55 year old male who sustained an industrial injury on July 2, 1991. He has reported neck pain and mid back pain and has been diagnosed with chronic sprain subluxation complicated by myofascial pain syndrome, thoracic sprain/strain, and myalgia. Treatment has included Motrin, ice, stretching, and exercise. Positive examination findings included motion restrictions, tenderness, paraspinal edema, and muscle guarding at the involved levels. Increased muscle guarding and spasms increased when the injured worker has flare ups of the condition. Orthopedic and neurological testing was positive which included cervical compression, shoulder depression, cervical distraction, and Ely's test. The treatment request included chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 chiropractic therapy for the thoracic spine, 4 visits over the next 2 months (include Electrical muscle stimulation and Myofascial release): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Acoem-<https://www.acoempracguides.org/> Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic

Disorders; Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 8/4/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Ch. 2, pg. 19, Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation.

**Decision rationale:** The UR determination of 5/7/15 denied the request for Chiropractic care to the patient's thoracic spine, 2xs per month for 2 months citing CAMTUS Chronic Treatment Guidelines. The 5/6/15 report from the treating provider failed to provide clinical support for flare or exacerbation where a return to Chiropractic care would be reasonable; 2xs per month care for 2 months was suggestive of maintenance care absent a discussion as to medical necessity. The reviewed medical records failed to establish the medical necessity for 1x12 Chiropractic care or comply with CAMTUS Chronic Treatment Guidelines that require objective evidence of functional gain with prior provided care.