

Case Number:	CM15-0130237		
Date Assigned:	07/16/2015	Date of Injury:	06/04/2013
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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 48-year-old male who sustained a work related injury June 4, 2013. Past history included status post right clavicle fracture nonunion, with bone stimulator, status post right skull fracture, status post 4th and 5th right rib fracture. According to a primary treating physician's progress report, dated May 28, 2015, the injured worker presented for a follow-up of ongoing low back pain, right shoulder pain, and bilateral wrist pain. His past treatment included 4 session of chiropractic therapy, a right clavicle open reduction internal fixation, June 14, 2014, and 8 sessions of physical therapy for his clavicle. He complains of constant aching pain to the low back, rated 7 out of 10. There is intermittent radiation of pain and tingling down the left lower extremity to the toes. Physical examination revealed mild tenderness to palpation about the bilateral lumbar paraspinal muscles and midline. Range of motion in the thoracic and lumbar spine is decreased in every plane. Lumbar flexion is 40 degrees, extension 5 degrees and pain with range of motion. Straight leg raise is positive on the right at 80 degrees, causing pain to the calf. Slump test is positive on the right and positive lumbar facet loading. An MRI of the thoracic spine dated March 31, 2015, (report present in the medical record) revealed mild right curvature, mild chronic anterior height loss of the T8 vertebral body and small central disc protrusion at T4-5 causing mild stenosis. An MRI of the lumbar spine, dated March 31, 2015, revealed multi-level degenerative changes, facet hypertrophy throughout, mild canal or foraminal stenosis is seen at any level and a small L4-L5 disc bulge. A urine drug screen dated February 18, 2015 was Norco negative and THC (tetrahydrocannabinol) positive. Diagnoses are herniated nucleus pulposus thoracic and lumbar spine; degenerative thoracic and lumbar disc; facetogenic back pain. Treatment plan included psychological consultation, pain management follow-up, and at issue, a request for authorization for chiropractic physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy two times four weeks for the thoracic and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain.

Decision rationale: The claimant presented with ongoing thoracic and low back pain despite previous treatments with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has completed at least 4 chiropractic visits with no evidences of objective functional improvements. Treating doctor progress report dated 05/28/2015 noted no improvement in subjective and objective findings. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary.