

Case Number:	CM15-0131458		
Date Assigned:	07/17/2015	Date of Injury:	05/16/2008
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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, Minnesota
 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 53-year-old female, who sustained an industrial injury on May 16, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar pain, thoracic pain, cervical pain, and cervical arthropathy with evidence of severe foraminal stenosis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, physical therapy, use of ice, medication regimen, use of a cane, and a home exercise program. In a progress note on April 07, 2015, the injured worker has complaints of pain to the right anterior ribs and neck symptoms with paresthesias that radiates to the scapular region. Examination reveals spasm to the cervical paraspinal muscles with the right greater than the left, spasm to the interscapular and rhomboid area, tenderness to the left thoracic eight through ten and to the ribs on the left. In a progress note, dated April 22, 2015 noted an increase in right hip pain, an increase in the curve of the injured worker's low back, and stiffness to the low back. In a progress note dated June 03, 2015 the treating physician reports right hip tenderness. The treating physician requested 10 sessions of chiropractic therapy for the cervical, thoracic, and lumbar spine for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the cervical, thoracic and lumbar spine quantity: 10 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-
9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical/thoracic) is recommended as an option of 6 trial treatments over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic therapy for the cervical, thoracic, and lumbar spine for 10 visits/sessions. The request for chiropractic treatment (10 visits) is not according to the above guidelines (3 x 2 or 6 visits) and therefore the treatment is not medically necessary and appropriate.