

Case Number:	CM15-0131536		
Date Assigned:	07/17/2015	Date of Injury:	06/20/2014
Decision Date:	08/14/2015	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

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 68-year-old female, who sustained an industrial injury on 6/20/14. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar spinal stenosis. Treatment to date has included physical therapy; chiropractic therapy; medications. Diagnostics studies included x-ray thoracic spine (8/6/14); MRI chest wall (11/19/14). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of right mid back pain. She is in the office as a follow-up of her right-sided thoracic muscle spasms. She currently has completed 12 sessions of chiropractic therapy. She reports she has the most pain relief with chiropractic measures and when she has a lapse of chiropractic treatment the spasms come back and they have to start over again. She would like another round of chiropractic care without a lapse in treatment. She has 2-3 episodes a week of spasms, which are documented as worse with prolonged lifting of her arms and overhead activities. The pain does not radiate down the arms or around the abdomen and she denies any numbness, tingling or weakness. She does report the pain levels as high as 7/10 and alleviated with sitting and lying down. She is on modified duties at this time. On physical examination, the provider notes she has a normal gait, minimal tenderness in the right parathoracic area just below the shoulder blade. She has no signs of radiculopathy. The provider's impression on this visit is right-sided thoracic pain likely related to muscle strain or spasm. The provider is requesting authorization of chiropractic treatment 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions which were non-certified by the utilization review. Medical records documented temporary improvement. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, 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. MTUS guidelines do not support maintenance care. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.