

Case Number:	CM15-0148666		
Date Assigned:	08/11/2015	Date of Injury:	03/17/2015
Decision Date:	09/16/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/30/2015

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 45 year-old female who sustained an industrial injury on 03-17-15. She reported left shoulder blade pain. The injured worker is diagnosed with closed dislocation thoracic vertebra. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy, chiropractic care, and anti-inflammatory medication. Currently, the injured worker complains of thoracic spine pain and difficulty sleeping. In a progress note dated 06-25-15, the treating provider reports the injured worker has started to notice improvement in her thoracic spine with chiropractic therapy. Current plan of care is continuation of chiropractic therapy. Requested treatments include additional chiropractic 2 times per week for 6 weeks. The injured worker is under temporary total disability. Date of Utilization Review: 07-08-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic 2 times per week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The medical necessity for the requested 12 additional chiropractic treatments was established. The claimant was involved in a work injury on 3/17/2015. The claimant was reevaluated on 6/25/2015. This report indicated that the claimant completed 6 of 6 sessions of chiropractic treatment and has started to notice improvement in her thoracic spine. The report indicated that the claimant "underwent 6 sessions of physical therapy with some improvement. I feel that her symptoms are coming from a thoracic subluxation. She also has mild disc disease in her neck. For this thoracic subluxation I feel the chiropractic treatment is quite beneficial. She has had 6/6 sessions of chiropractic care and has started to (notice) improvement in her thoracic spine." Given the improvement noted as a result of the clinical trial of 6 chiropractic treatments, medical treatment utilization schedule guidelines would support the requested 12 additional treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care-Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments are consistent with this guideline and therefore are medically necessary.