

Case Number:	CM15-0190450		
Date Assigned:	10/02/2015	Date of Injury:	07/26/2014
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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 50 year old female, who sustained an industrial injury on 7-26-14. Medical records indicate that the injured worker is undergoing treatment for a right wrist ganglion, thoracic spine sprain-strain and right wrist ligament tear. The injured worker is currently not working. On (7-20-15) the injured worker was noted to have complained of constant right wrist pain and constant dull pain in the thoracic spine on the day of examination (7-16-15). The injured worker's pain was rated 6 out of 10. Coughing and sneezing increased the injured worker's pain. Examination of the thoracic spine revealed tenderness in the left greater than right parathoracic musculature without evidence of scoliosis or spasm. The injured worker reported difficulty with personal care and riding in a care for over 30 minutes. The treating physician noted (7-8-15) that the injured worker had completed chiropractic treatments (12). Treatment and evaluation to date has included medications, right wrist x-rays, right wrist MRI, physical therapy, right wrist injection, paraffin baths, a transcutaneous electrical nerve stimulation unit and a home exercise program. Current medications include over-the counter aspirin and Gel patches. Current treatment request includes outpatient chiropractic therapy to the thoracic spine # 12. The Utilization Review documentation dated 9-14-15 non-certified the request for outpatient chiropractic therapy to the thoracic spine # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to the thoracic spine 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits 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 to the Thoracic spine for 12 visits over an unspecified period of time. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.