

Case Number:	CM15-0193902		
Date Assigned:	10/07/2015	Date of Injury:	03/24/2014
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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: Chiropractic

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 26 year old male, who sustained an industrial injury on March 24, 2014, incurring right shoulder and upper back injuries. He was diagnosed with a right rhomboid strain, right shoulder strain and right thoracic spine strain. Treatment included anti-inflammatory drugs, muscle relaxants, pain medications, topical analgesic patches, massage therapy, physical therapy, trigger point injection, and acupuncture. Magnetic Resonance Imaging of the right shoulder and thoracic spine performed were unremarkable. Currently, the injured worker complained of upper back muscle pain and spasms and rated his pain 7 on a pain scale of 0 to 10. He noted persistent right shoulder stabbing and burning pain. He continued with physical therapy and transcutaneous electrical stimulation unit and pain medications. It was noted the injured worker did not benefit from physical therapy and acupuncture treatment. The treatment plan that was requested for authorization on October 2, 2015, included chiropractic sessions two times a week for six weeks to the thoracic spine. On September 9, 2015, a request for chiropractic sessions was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic care two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his thoracic spine injury in the past. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines recommend manipulation for chronic musculoskeletal conditions. The UR department has modified the request for an initial trial of 12 sessions and approved 6. I find that the initial trial of 12 chiropractic sessions requested to the thoracic spine to not be medically necessary and appropriate.