

Case Number:	CM15-0197259		
Date Assigned:	10/12/2015	Date of Injury:	03/09/2010
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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, Montana

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:

This is a 53 year old male with a date of injury of March 9, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis, lumbar or thoracic radiculopathy, pain in the thoracic spine, and myofascial pain syndrome. Medical records dated August 10, 2015 indicate that the injured worker complained of thoracic pain radiating to the ribs rated at a level of 2 to 3 out of 10, intermittent groin pain, occasional headaches, numbness of the right arm, right hand, left arm, and right leg, tingling in the right leg, skin sensitivity of the left arm, and weakness all over. A progress note dated September 8, 2015 documented complaints similar to those reported on August 10, 2015 with pain rated at a level of 5 out of 10. The physical exam dated August 10, 2015 reveals no generalized sweating, skin color and temperature symmetrical and normal in all extremities, and normal gait. The progress note dated September 8, 2015 documented a physical examination that showed increased tone and tenderness to the mid thoracic spine especially on the left at the level of T8-9, and familiar pain over the region with extension and axial rotation. Treatment has included thoracic medial branch block with 50% relief of axial thoracic pain, thoracic interlaminar epidurals, and medications (Zanaflex 4mg and Neurontin 600mg listed on September 8, 2015). The original utilization review (September 16, 2015) non-certified a request for six sessions of chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment of the lumbar spine 2 times a week for 3 weeks, quantity: 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar and Thoracic (Acute and Chronic) (updated 7/17/2015).

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

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 6 chiropractic treatment for Lumbar Spine. Per guidelines, 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits are within guidelines. Additional visits may be authorized with documentation of objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 Chiropractic visits are medically necessary.