

Case Number:	CM15-0206197		
Date Assigned:	10/23/2015	Date of Injury:	12/27/2010
Decision Date:	12/11/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/20/2015

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 54 year old male, who sustained an industrial injury on 12-27-2010. Diagnoses include costochondritis of chest wall, myofascial pain syndrome, and painful respiration. Treatments to date include activity modification, medication therapy, physical therapy, and an unknown number of chiropractic therapy sessions. On 9-14-15, he reported improvement with prior physical therapy and most recently chiropractic therapy sessions. He was using Norco and Ambien as prescribed with good benefit including decreased pain and increased functional activity. Pain was rated 8 out of 10 VAS. The physical examination documented no abnormal findings. The plan of care included ongoing medication management and chiropractic therapy. The appeal requested authorization for twelve (12) chiropractic sessions. The Utilization Review dated 10-3-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic care, chest: 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 rationale: The claimant presented with chronic chest pain and myofascial pain. Previous treatments include medications, physical therapy, and chiropractic. According to the available medical records, previous chiropractic treatments helped decrease pain and increased activities. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, current progress report did not document and recent flare-up. The request for 12 visits also exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.