

Case Number:	CM15-0063768		
Date Assigned:	04/09/2015	Date of Injury:	10/02/2010
Decision Date:	07/21/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	04/03/2015

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 39 year old female who sustained an industrial injury on 10/2/10 from a slip and fall injuring her right shoulder, back and right leg. She felt immediate pain. She was medically evaluated, given medications, x-rays were done she and was released back to work despite the pain. She had several emergency room visits for the pain after this evaluation. She currently complains of mid to upper back pain. On physical exam of the cervical spine there was slight stiffness in the trapezius area, normal range of motion, normal Spurling and cervical compression tests; on palpation of the lumbar spine there is tenderness, straight leg raise is causing hamstring tightness. Medications are Lexapro, Prilosec and Norco. Diagnoses include cervical and lumbar sprain; cervical disc bulge; thoracic disk syndrome; gastric ulcer. Treatments to date include medications; home exercise program; biofeedback sessions. Diagnostics include MRI of the cervical spine (9/12/14) showing posterior annular bulge with no cord compression or nerve root impingement; MRI thoracic spine (9/12/14) showing minor posterior annular bulge. On 2/25/15 Utilization Review evaluated the requests for chiropractic treatment cervical spine, CMT 1-2; Myofascial work to thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits to the CS, CMT 1-2 1x(01-24-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS Manual Therapy.59.

Decision rationale: The claimant presented with recurrent chronic neck and back pain for over 4 years. Reviewed of the available medical records showed the claimant had completed 17 chiropractic visits from 07/27/2016 to 06/07/2014, the total number of visits to date is unknown. Although the claimant showed improvements with prior chiropractic treatments, there is no document of recent flare-up and ongoing maintenance care is not recommended by MTUS guidelines. Therefore, the request for additional chiropractic treatment is not medically necessary.

Myofascial work to the TS and LS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases
Page(s): 60.

Decision rationale: The claimant presented with chronic neck and back pain. Although evidences based MTUS guidelines might recommend 4-6 massage treatment visits in most cases, the claimant has had at least 17 massage therapy sessions to date. Furthermore, there is no concurrent adjunct treatment recommended for the thoracic and lumbar spine. Therefore, the request for additional myofascial therapy work is not medically necessary.