

Case Number:	CM15-0083701		
Date Assigned:	05/06/2015	Date of Injury:	11/18/2013
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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:

This 34-year-old female sustained an industrial injury to the back, left wrist and left ankle on 11/18/13. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In a PR-2 dated 4/8/15, the injured worker reported that left had pain was worse with cramping, numbness and ting. The physician noted that the injured worker had completed six sessions of chiropractic therapy that had improved her pain and function. Physical exam was remarkable for thoracic spine and lumbar spine with tenderness to palpation to the paraspinal musculature and restricted range of motion, 5/5 lower extremity motor strength, tenderness to palpation to the left greater trochanter and left ankle with restricted range of motion in flexion, tenderness to palpation to the talofibular ligament and reduced sensation in the left foot dorsum. The injured worker could heel walk and toe walk normally. Current diagnoses included lumbar spine sprain/strain, closed carpal fracture, closed dorsal vertebra fracture without spinal cord injury and closed ankle fracture. The treatment plan included a full course of chiropractic therapy for the thoracic spine, an ergonomic workstation and medications (Naproxen Sodium, Orphenadrine ER and Norco). The PTP is requesting 12 additional sessions of chiropractic care to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for thoracic spine qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has completed 6 sessions of chiropractic care to the thoracic spine per the PTP's notes. The PTP's records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The past chiropractic treatment notes are not available for review. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Neck & Upper Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 12 additional chiropractic sessions requested to the thoracic spine not medically necessary and appropriate.