

<b>Case Number:</b>	CM15-0241746		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	12/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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 47-year-old male who sustained an industrial injury on 5-19-14. A review of the medical records indicates he is undergoing treatment for thoracic sprain and ligament and muscle strain and spasm. Medical records (11-4-15, 11-19-15) indicate complaints of mid-back pain, rating "4-7 out of 10". He reports limited ability to sleep, vacuum, clean, and make the bed. The physical exam (11-19-15) reveals tenderness to palpation over the thoracic paraspinal muscles. Limited range of motion by pain is noted. The sensory exam is noted to be "intact". Motor strength is "5 out of 5" in bilateral lower extremities. Treatment has included medications, physical therapy, and 6 sessions of chiropractic treatment. He was placed on limited duty on 11-4-15. The 11-19-15 record indicates he is to be off work. Treatment recommendations include chiropractic treatment three times a week for three weeks. The provider indicates that it "has helped to alleviate the pain in the past". The utilization review (12-2-15) includes a request for authorization of chiropractic treatment 3x3 for the thoracic spine. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3 times a week for 3 weeks for the thoracic spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The medical necessity for the requested 9 chiropractic treatments was not established. The 3/12/2015 permanent and stationary evaluation report from [REDACTED] indicated, "rest, medications and chiropractic care help alleviate the pain. Repetitive use worsens the pain." The report goes on to say the discussion section that "the patient follows up today with continuous and recalcitrant pain. The patient has not improved significantly. Trial of regular job duties, the patient states that it helps, but the lumbar spine was not approved by the insurance. The patient has reached maximum medical improvement and has exhausted conservative measures. We are going to discharge the patient as a permanent and stationary with future medical care." With respect to future medical care, it was noted, "future medical care is awarded for 2 years that awards chiropractic care, acupuncture, physical therapy, medications, and injections if needed." The claimant returned on 11/19/2015 complaining of a deterioration of his condition prompting a request for 9 additional treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 9 treatments exceed this guideline. Given the clinical findings on the examination, a course of 6 treatments would be consistent with CAMTUS guidelines. However, the requested 9 treatments are in excess of this recommendation and are therefore, not medically necessary.