

Case Number:	CM14-0162690		
Date Assigned:	10/07/2014	Date of Injury:	10/31/2002
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury due to a slip while carrying heavy boxes on 10/31/2002. On 08/19/2014, his diagnoses included lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, back pain, and unspecified myalgia and myositis. His complaints included increasing pain across the lumbar spine, rated at 8/10. His symptoms were alleviated by medication and lying down. They were exacerbated by prolonged standing, walking, and all physical activities. His pain radiated down through his buttocks and into both lower extremities. The treatment plan included a continuation of chiropractic treatments. On 08/13/2014, it was noted that chiropractic manipulation was performed to the cervical, thoracic, and lumbar spine with electrical muscle stimulation to help reduce muscular hypertonicity, pain, and enhance circulation. A Request for Authorization, dated 09/23/2014, was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two additional chiropractic treatments for the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for two additional chiropractic treatments for the thoracic spine is not medically necessary. Per the California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended as an option in low back therapeutic care with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. The submitted documentation revealed that this injured worker had been receiving an unknown number of chiropractic treatments over an undetermined period of time. Additionally, there was no documentation of objective functional improvement based on his previous chiropractic treatments. Furthermore, there was no time frame included in the request. Therefore, this request for two additional chiropractic treatments for the thoracic spine is not medically necessary.