

Case Number:	CM15-0006430		
Date Assigned:	01/26/2015	Date of Injury:	10/29/2009
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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:

The injured worker is a 62 year old male who sustained an industrial injury on 10/29/2009. Diagnoses include left thoracic outlet syndrome, and severe left cervical neuroforaminal stenosis at C5-6 and T1-2. The treating physician is requesting an initial trial of chiropractic visits for left thoracic spine QTY. 6. A physician progress report dated 12/05/2014 documents the injured worker reported improvement after receiving the Botox injections. Upon examination there are palpable spasms noted at the left superior trapezius, scalene, and pectorals muscles. There is a taut band noted at the levator scapulae muscles. The physician felt she would likely benefit from a few sessions of chiropractic care for myofascial release of the above-noted area, and to prolong the effects of the Botox. On 12/19/2014 the Utilization Review non-certifies the request for chiropractic Visits for Left Thoracic Spine QTY. 6, citing Official Disability Guidelines, Treatment in Workers Compensation- Low Back-Lumbar & Thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Visits for Left Thoracic Spine QTY. 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back -Lumbar

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Chapter Manipulation Section Page(s): 58-60. Decision based on Non-MTUS Citation Neck & Upper back Chapter

Decision rationale: The patient has not received chiropractic care for his current injury to the upper back. Since the patient has never had chiropractic care to the upper back and per The MTUS Chronic Pain Medical Treatment Guidelines and ODG Neck & Upper Back Chapters, a trial of chiropractic care is warranted. The ODG Neck and Upper Back Chapter recommends a trial of chiropractic "6 visits over 2-3 weeks." Given these circumstances I find that the 6 chiropractic sessions to the upper back to be medically necessary and appropriate.