

<b>Case Number:</b>	CM15-0012143		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Oriental Medicine

### 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 50 year old female who sustained an industrial injury on 10/25/2012. She complains of thoracic spine pain, neck pain, back pain, arm pain headache and low back pain. Diagnoses include thoracic spine musculoligamentous injury, rule out herniated nucleus pulposus, cervical spine musculoligamentous injury, post concussive syndrome, lumbar spine musculoligamentous injury, stress, depression, and anxiety. Treatment to date has included physical therapy, chiropractic sessions, home exercise program, and medications. A physician progress note dated 10/13/2014 documents the injured worker continues to have pain and stiffness in her thoracic spine. She had recently been authorized for chiropractic sessions, and had completed one session and reported some temporary reduction in pain. She also continues to suffer from right shoulder pain especially with any overhead work. Her thoracic spine pain is constant and stabbing and migrates to her neck and back. She has difficulty sleeping due to pain. She has paravertebral muscle spasm of the thoracolumbar. Treatment requested is for 6 sessions of chiropractic treatment for thoracic spine. On 12/23/2014 Utilization Review non-certified the request for 6 sessions of chiropractic treatment for thoracic spine, and cited was. California Medical Treatment Utilization Schedule (MTUS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of chiropractic treatment for thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.