

Case Number:	CM15-0177545		
Date Assigned:	09/18/2015	Date of Injury:	01/23/2013
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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 34 year old male who sustained an injury on 1-23-13. The medical records indicate he has chronic mid to lower thoracic spine pain with severe flare-ups after lifting a ladder. The plan on 5-12-15 was to have a thoracic spine X-ray with flexion and extension views and take Ibuprofen 800 mg two to three times a day as needed; and lie on a soft cold pack to relieve the pain. MRI of thoracic spine on 7-7-15 reveals mild bilateral facet arthropathy and fluid within facet joints at the levels of T8-T9 and T9-T10 that likely reflects degenerative mechanical change. The most current PR2 on 7-15-15 indicates he continues to have episodes of severe thoracic spine pain 2-3- times per month and is very painful for him to move. They are precipitated by being supine too long or twisting and are improved by stretching and massage. He takes Advil 600-800 mg four times a day which are somewhat helpful. He was advised to try heat to the painful areas and increase Ibuprofen 600-800 mg two to three times a day during a flare-up of pain. Physical exam reveals normal affect and gait. Chiropractic treatment x 8 sessions (thoracic) was requested. Utilization review 8-19-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8 sessions, thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter. Chiropractic.

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

Decision rationale: The claimant presented with recent flare-up of chronic pain in the thoracic spine. Previous treatments include medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant benefits from prior chiropractic treatments. However, current request for 8 chiropractic treatment visits exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.