

Case Number:	CM15-0026705		
Date Assigned:	02/19/2015	Date of Injury:	05/31/2012
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old male who sustained an industrial injury on May 31, 2012. He has reported pain in the neck, upper back, and lower back, including headaches and has been diagnosed with head and right cervicothoracic and right upper extremity segmental and intersegmental regional somatic dysfunction syndrome, chronic thoracolumbar junction spinal strain, myofascial pain syndrome in the bilateral quadratus lumborum, gluteus maximus, medius, and minimus, and piriformos muscles, and blunt head trauma with unconsciousness. Treatment has included medications, physical therapy, acupuncture, chiropractic care, and pain management. Currently the injured worker complains of tenderness on palpation with limited range of motion to the cervical, thoracic, and lumbar spine. The treatment included pain management. On January 27, 2015 Utilization Review non certified chiropractic manipulation; physical therapy for the cervical and thoracic spine 6-16 visits (1-2x/week x 6 weeks) citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulations; Physical Therapy for the cervical and thoracic spine -6-16 visits (1-2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation; "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, prior chiropractic sessions have been completed without significant and objective pain and functional improvement of the patient's symptoms. Therefore, the request for Chiropractic manipulations; Physical Therapy for the cervical and thoracic spine 6-16 visits (1-2 times a week for 6 weeks) is not medically necessary.