

Case Number:	CM15-0067436		
Date Assigned:	04/15/2015	Date of Injury:	06/07/2013
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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, 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 34-year-old male, who sustained an industrial injury on June 7, 2013. Treatment to date has included physical therapy, modified activities/work and medications. Currently, the injured worker complains of thoracic spine pain. He describes the pain as aching, spastic and numbing. He rates his pain a 6 on a 10-point scale without medication and a 5 on a 10-point scale with medication. His pain is relieved with rest, massage, stretching and heat and is made worse with bending, lifting and pulling. Diagnoses associated with the request are possible degenerative disk disease versus myofascial pain versus facet arthropathy. His treatment plan includes continuation of modified duties, chiropractic therapy and possible epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care (2 times a week for 4 weeks for the thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends an initial six chiropractic visits with evidence of objective functional improvement. The PR-2 of 2/27/15 did document the medical necessity for initiation of care; however, the current request exceeds MTUS guideline recommendations. Therefore, the request is not medically necessary.