

Case Number:	CM15-0070721		
Date Assigned:	04/20/2015	Date of Injury:	03/31/2014
Decision Date:	05/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/14/2015

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 42-year-old male, with a reported date of injury of 03/31/2014. The diagnoses include thoracic spine sprain/strain. Treatments to date have included hot packs, interferential current, an x-ray, and an MRI. The progress report dated 11/06/2014 indicates that the injured worker stated that his symptoms were intermittent and almost gone. He rated the pain 2-3 out of 10 from 3-4 out of 10. The injured worker felt that his symptoms were not as severe as before. The objective findings include loss of motion and stiffness of T5-8 and thoracic spine paraspinal tenderness decreased to mild to moderate from moderate, flexion at 5 degrees, lateral bending at 5 degrees, and rotation to 5 degrees. The treating physician requested Chiropractic care three times a week for four weeks for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 3 Times A Week for 4 Weeks of Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/3/15 denied the request for additional Chiropractic care 3x4 citing CAMTUS Chronic Treatment Guidelines. Reviewed records failed to document the medical necessity for additional care after completion of a report 15-18 Chiropractic visits. Evidence of functional improvement required by the CAMTUS Chronic Treatment Guidelines was not provided. The medical necessity for further Chiropractic care, 12 sessions was not provided or in compliance with CAMTUS Chronic Treatment Guidelines, and the request is not medically necessary.