

<b>Case Number:</b>	CM15-0079363		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 43 year old female injured worker suffered an industrial injury on 10/07/2014. The diagnoses included back strain and right wrist strain. The diagnostics included thoracic spine magnetic resonance imaging. The injured worker had been treated with physical therapy. On 2/25/2015 the treating provider reported she had a recurrence of severe back spasms at the right side of her back and the thoracolumbar region. On exam, there were spasms of the thoracolumbar muscles. She also was complaining of right wrist pain that seemed to be more muscular in origin. The treatment plan included chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic therapy for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Chiropractic.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions chiropractor therapy for the thoracic spine is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are sprain/strain back-unspecified site; and sprain/strain wrist. The medical record contains 22 pages. The most recent progress of the medical records dated February 25, 2014. Subjectively, the injured worker fell she was doing reasonably well. There was a recurrence of severe back spasms over the weekend. There was a questionable old compression fracture seen on a prior MRI. Objectively, there is spasm at the thoracolumbar region on the right. The documentation recommends physical therapy twice a week for three weeks, MRI of the thoracolumbar spine with reevaluation in four weeks. The treating provider (according for utilization review) requested 12 chiropractic treatments. The guidelines recommend a six visit clinical trial over two weeks. The Renault compelling clinical facts in the medical record indicating additional initial chiropractic treatment is indicated. Consequently, absent compelling clinical documentation for 12 chiropractic sessions in excess of the recommended guidelines for a six visit clinical trial, 12 sessions chiropractor therapy for the thoracic spine is not medically necessary.