

Case Number:	CM15-0025706		
Date Assigned:	02/18/2015	Date of Injury:	11/20/2014
Decision Date:	10/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/10/2015

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: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old female worker who was injured on 11-20-14. The medical records reviewed indicated the injured worker (IW) was treated for thoracic sprain, strain, lumbar sprain, strain and thoracolumbar paraspinal muscle spasms. The progress notes (12-22-14 to 2-2-15) indicated the IW had mid and low back pain rated 5 to 7 out of 10. On physical examination, (12-22-14 to 2-4-15) range of motion and pain improved. Muscle strength remained 5 out of 5. Her functional level improved as evidenced by her ability to return to work on modified duty. Therapy notes from 12-23-14 to 2-4-15 showed her pain remained 6 to 7 out of 10 early in treatment, then decreased to 5 out of 10; pain was most recently 4 out of 10. Treatments have included medications (Flexeril and Naproxen); chiropractic (8 sessions); physical therapy (7 sessions); and home exercise. A Request for Authorization asked for two sessions of chiropractic, once a week for two weeks, for the thoracic spine (submitted diagnosis of thoracic sprain/strain as an outpatient). The Utilization Review on 2-10-15 non-certified the request for two additional sessions of chiropractic to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) chiropractic 1x for 2 weeks for thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has received 8 chiropractic care sessions for her neck and upper back injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but is silent on thoracic spine. The ODG Neck & Back Chapter recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The UR department has reviewed the request and per the UR notes, it has reported that the requesting physician has agreed to withdraw the request for 2 additional chiropractic sessions due to concurrent physical therapy treatment. In this case, I find that the 2 additional chiropractic sessions requested to the thoracic spine to be medically necessary and appropriate.