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| Case Number: | CM13-0035436 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 11/14/2012 |
| Decision Date: | 02/06/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year-old male sustained a head injury on 11/14/12 while unloading some mirrors that struck the back of his head causing a neck inflammatory reaction. Per medical reports from treating physician, [REDACTED], on 11/1/13, the patient complained of headaches, mid, upper and low back pain with exam showing tenderness to palpation over bilateral shoulders, cervical spine with spasm, tenderness over the thoracic and lumbar spine with SLR positive. Diagnoses include s/p head trauma without loss of consciousness, C/S sprain/strain, Thoracic spine strain/sprain, Lumbar strain/sprain with cervical spine protrusion and compression fracture per MRI of 1/9/13. Medical treatment has included medications, shoulder injections, physical therapy x 12 sessions, Chiropractic treatment x 12 sessions, and acupuncture x 12 sessions, extracorporeal shockwave therapy on 7/19/13, with the patient remaining totally temporarily disabled as of 11/1/13 report. Medical report dated 9/26/13 by [REDACTED], had non-certified the request for chiropractic treatment 2x6 to the cervical, thoracic spine and right shoulder, citing guidelines and lack of functional progression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Chiropractics 2x6 weeks for C/S: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Care, Manual Therapy & Manipulation Section Page(s): 58-60.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Chronic Pain Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, at least 12 chiropractic treatment sessions with manipulation have been completed for this 11/14/12 head injury after being struck by some mirrors while unloading. Per medical report dated 7/31/13 from [REDACTED], treatment plan was to continue chiropractic 2x6 sessions to decrease pain and tenderness; however, the patient continues on examination to exhibit significant ongoing cervical spine tenderness with spasm, remaining totally temporarily disabled despite extensive conservative treatments already rendered. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from chiropractic treatment already received to continue same care. The Prospective Chiropractic 2x6 weeks for C/S is not medically necessary and appropriate.

Prospective Chiropractics for T/S and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Care, Manual Therapy & Manipulation Section Page(s): 58-60.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Chronic Pain Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, at least 12 chiropractic treatment sessions with manipulation have been completed for this 11/14/12 head injury after being struck by some mirrors while unloading. Per medical report dated 7/31/13 from [REDACTED], treatment plan was to continue chiropractic 2x6 sessions to decrease pain and tenderness; however, the patient continues on examination to exhibit significant ongoing thoracic spine and right shoulder tenderness, remaining totally temporarily disabled despite extensive conservative treatments to include physical therapy, chiropractic care, acupuncture, shoulder injection, and extracorporeal shockwave therapy already rendered. There was no demonstrated report of acute flare-ups or new red-flag findings on medical follow-ups neither submitted nor were there any documented functional benefit derived from chiropractic treatment already received to continue same care. The Prospective Chiropractic 2x6 weeks for T/S and right shoulder is not medically necessary and appropriate.