

Case Number:	CM13-0036085		
Date Assigned:	12/13/2013	Date of Injury:	09/23/2012
Decision Date:	02/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is licensed in Chiropractic, 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 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/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 patient was injured in a rear impact motor vehicle crash on 9/23/12, which resulted in neck pain that radiates toward both shoulders and upper arms, and down toward the mid back. Additionally, he sustained two chipped teeth and a scalp laceration. The patient was seen in the emergency department of the [REDACTED]; a follow-up evaluation was done by an in-house physical medicine rehabilitative doctor. The patient was declared permanent and stationary on 4/23/13 by this doctor, but there was a dispute regarding the status. During the course of care, there was a request for a TENS unit, which was denied, and a request for four sessions of acupuncture, which was also denied. The patient changed primary treating physicians on 7/18/13; he began to be seen by an orthopedic surgeon. His complaints included neck pain with radiation down the upper extremities, and low back pain that intermittently radiates to the bilateral lower extremities. Diagnoses included cervicalgia and thoracic spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient was involved in a rear impact motor vehicle crash in late September 2012. Since then, he has received conservative management, including an emergency visit, occupational medical care, medication, diagnostic testing, and evaluations. There are multiple authorizations for chiropractic care for this patient, which in most cases is ideal for symptoms like his; however, the medical records did not show any noted functional improvement from the chiropractic treatment he has undergone in the past. There was also no record from the chiropractic physician. The outcome of these treatments is necessary to document functional improvement and the need for future care requests, especially in the case of this chronic pain patient. California Chronic Pain Medical Treatment Guidelines allow for chiropractic care on a trial basis composed of six visits over two weeks. If there is evidence of functional improvement, up to 18 visits over 6-8 weeks may be authorized for low back pain. This is similar to the section on the cervical spine in the Official Disability Guidelines (ODG). According to these guidelines, chiropractic care can be provided for cervical strain and for whiplash-associated disorders in moderate to severe cases. The amount of care can vary from a total of 20 visits over 6-8 weeks to 15-20 visits over 4-6 weeks. There is no radiculopathy in this case as per negative NCS results. In this case, the request for further chiropractic care is not medically necessary.