

Case Number:	CM13-0062719		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2013
Decision Date:	04/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

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 Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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:

The patient is a 47-year-old female who reported an injury on 04/17/2013. The patient was reportedly injured when she was struck by a projector screen. The patient is currently diagnosed with cervical spine disc syndrome, cervical spine sprain, headache, insomnia and post-concussive syndrome. The patient was seen by [REDACTED] on 11/18/2013. The patient reported persistent headaches with nausea and dizziness. Physical examination revealed decreased grip strength on the left, limited and painful cervical range of motion, negative orthopedic testing and 5/5 motor strength in the bilateral upper extremities. The treatment recommendations included chiropractic therapy and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT CHIROPRACTIC TREATMENTS FOR CERVICAL SPINE AND HEADACHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient's physical examination only revealed slightly diminished grip strength and range of motion of the cervical spine. There was no documentation of a significant musculoskeletal deficit. Additionally, the request for 8 sessions of chiropractic therapy exceeds the guideline recommendations. Therefore, the request is non-certified.

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a number of functional assessment tools are available, including a Functional Capacity Examination, when reassessing function and functional recovery. The Official Disability Guidelines state that Functional Capacity Evaluations should be considered if case management is hampered by complex issues, and the timing is appropriate. As per the documentation submitted, there was no indication of previous unsuccessful return to work attempts. There was also no indication that this patient has reached or is close to reaching Maximum Medical Improvement. There was no documentation of a defined return to work goal or a job plan. Based on the clinical information received, the request is non-certified.

ONE FOLLOW UP APPOINTMENT WITH NEUROLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that physician follow-up generally occurs when a release to modified, increased or full duty is needed or after appreciable healing can be expected. Physician follow-up might be expected every 4 to 7 days if the patient is off work and every 7 to 14 days if the patient is working. As per the documentation submitted, the patient does not demonstrate any neurological deficits upon physical examination. The patient's physical examination only revealed slightly diminished grip strength and range of

motion. The medical necessity for a neurology consultation visit has not been established. Therefore, the request is non-certified.