MAXIMUS Federal Services

Case Number:	CM13-0062829		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2013
Decision Date:	08/05/2014	UR Denial Date:	11/14/2013
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 Chiropractic Medicine 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:

The patient is a 63 year old male who injured his neck, upper back, chest and lower back on 8/31/2013 as a result of a traumatic fall in wet and rainy conditions.The chief complaints for the neck and shoulders per the primary treating physician's comprehensive report are stated as follows The patient reports constant, mild to moderate occasional sharp pain in the neck. The pain radiates to the left greater than shoulders left axilla to the anterior chest sternal area. The patient also reports having constant to moderate occasional sharp pain at the mid and lower back. Patient has been treated with medication, TSLO back brace and physical therapy. Diagnoses assigned by the PTP are blunt trauma with temporary paresthesia of extremities, L1 compression fracture, T12 fracture and neuropraxia . A CT scan of the cervical spine is negative for fractures and shows degenerative changes. Cervical spine X-rays have revealed osteophytes and intervertebral disc space narrowing and discogenic spondylosis at C6-7, anterior shift at cervical gravity line, and left convexity of the cervicothoracic spine. An X-Ray study of the thoracic spine has revealed calcification of the Anterior Longitudinal Ligament, step defect at L1 and compression fracture at L1. MRI studies of the cervical and thoracic spine are not available in the records. The PTP is requesting an unknown number of chiropractic care sessions to the thoracic and cervical spine. The UR department has authorized a trail of 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT CERVICAL AND THORACIC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary last updated 5/14/13 - ODG Chiropractic Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Manipulation Section.

Decision rationale: This patient has suffered a blunt trauma injury to several body regions. Prior chiropractic care records do not exist in the materials provided for review because the patient has never received chiropractic care for this injury.The MTUS ODG Neck and Upper Back Chapter recommends a trial of chiropractic care 6 sessions over 2-3 weeks. An unknown number of chiropractic sessions have been requested. The UR department for the carrier has authorized a trial of 6 sessions. There is no discrepancy of requested care in this case as it has been approved. What is being challenged is not known. Therefore, in agreement with UR and per MTUS Guidelines, I find that the 6 chiropractic sessions authorized to the neck and upper back to be medically necessary and appropriate.