

Case Number:	CM14-0163312		
Date Assigned:	10/08/2014	Date of Injury:	04/21/2014
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 a licensed Chiropractor, 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 28 year old male who injured his neck, upper back and lower back on 4/21/2014. The patient was injured as a passenger in a delivery truck that struck the low ceiling of a parking structure. Per the PTP's initial report the subjective complaints are described as follows: "The patient presents today with constant severe dull, achy, sharp, stabbing, throbbing and burning headache, neck pain, upper back pain and lower back pain." The patient has been treated with medications and home exercise programs. The diagnoses assigned by the PTP are cervical sprain/strain, myofascitis, muscle spasm, thoracic sprain/strain, myofascitis, muscle spasm and lumbar sprain/strain, myofascitis, muscle spasm. X-Rays and CT scans of cervical, thoracic and lumbar spine have been negative. The patient was returned to work with restrictions. The PTP is requesting an initial trial of 18 chiropractic sessions to the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xWk x6Wks Cervical, Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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 and Low Back Chapters, Manipulation Sections

Decision rationale: The patient has not received any chiropractic care for this injury per the records provided. The MTUS ODG Neck and Upper Back and Low Back Chapters recommend an initial trial of 6 sessions of Chiropractic Care over 2 weeks. The request for 18 visits of Chiropractic is far in excess of the MTUS recommendation for a trial of 6 sessions of chiropractic care. I find that the 18 Chiropractic Sessions requested to the neck, upper back and lower back to not be medically necessary and appropriate.