

Case Number:	CM14-0176022		
Date Assigned:	10/29/2014	Date of Injury:	08/03/2014
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 Board Certified in Chiropractic and Acupuncture 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 injured worker is a 27 year old male who reported neck pain from injury sustained on 08/03/14 after an altercation when the supervisor put the patient into a headlock and he felt a pop in his neck. There were no diagnostic imaging reports. Patient is diagnosed with cervical sprain/strain and thoracic sprain/strain. Patient has been treated with medication, therapy and chiropractic. Per Chiropractic notes dated 08/21/14, patient reports increased level of neck pain. Patient has not been able to return to work and reports difficulty sleeping. Per chiropractic progress notes dated 08/27/14, neck pain remains marked and she has difficulty sleeping. Per medical notes dated 09/17/14, patient complains of neck and upper back pain that is aggravated by prolonged direct pressure such as sleeping or leaning against a wall. Examination revealed tenderness to palpation of the lower cervical spine and bilateral traps. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic); and Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, Chiropractic

Decision rationale: Neck and upper Back complaints Chapter 8 page 173. "Using cervical manipulation may be an option for patient with occupationally related neck pain and or cervicogenic headache". "Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than pain control alone". "There is insufficient evidence to support manipulation of patients with cervical radiculopathy". Per official disability guidelines for regional neck pain, 9 visits over 8 weeks are recommended. With evidence of functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 12 chiropractic sessions. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.