

Case Number:	CM14-0058711		
Date Assigned:	07/09/2014	Date of Injury:	11/05/2012
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 licensed in Chiropractic and has a subspecialty 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:

The injured worker is a 51 year old individual with an original date of injury of 11/5/12. The mechanism of injury occurred when the patient was using a pliers to tighten a zip tie, which broke. The pliers struck the patient's face causing a bloody nose and injury to the upper lip. The patient fell to the floor. The patient has been diagnosed with vertigo, fractured nose, facial pain, right eye pain, neck pain, headaches, ringing in the ears with decreased hearing, mid back pain, loss of short-term memory and neck pain radiating to the upper extremity. The patient had nose surgery on 1/25/13. There is no documentation of other treatment for the patient's symptoms or the results of that treatment. The disputed issue is a request for 8 chiropractic treatments for the cervical and thoracic spines, with sessions 2 times a week for 4 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request and modified the request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Two Times A Week For Four WeeksCervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X . Manual Therapy and Manipulations. Pages 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG). Neck and Upper Back section. Regional Pain.

Decision rationale: As the MTUS does not specifically address cervical chiropractic manipulation, the Official Disability Guidelines is cited which recommends up to 9 chiropractic treatments over 2-3 weeks. If objective, functional improvement is documented, additional treatment can be provided. In this case, the request is for 8 visits over 4 weeks, which exceeds the Guidelines. The request for 8 additional chiropractic treatments for the cervical spines, with sessions 2 times a week for 4 weeks is non-certified.

Chiropractic Two Times A Week For Four WeeksThoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X . Manual Therapy and Manipulations. Pages 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG). Neck and Upper Back section. Regional Pain.

Decision rationale: As the MTUS does not specifically address cervical chiropractic manipulation, the Official Disability Guidelines is cited which recommends up to 9 chiropractic treatments over 2-3 weeks. If objective, functional improvement is documented, additional treatment can be provided. In this case, the request is for 8 visits over 4 weeks, which exceeds the Guidelines. The request for 8 additional chiropractic treatments for the thoracic spines, with sessions 2 times a week for 4 weeks is non-certified.