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| Case Number: | CM14-0070199 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 02/28/2014 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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 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 24-year-old male, born on [REDACTED]. On 02/28/2014 the patient was working in a packing shed and a plastic bin weighing approximately 90 pounds fell about 20 feet onto his head resulting in head pain, cervical pain, thoracic pain, and left elbow pain. The patient treated with emergency services on 02/28/2014 where he was diagnosed with back sprain (847.9), cervical sprain (847.0) and head injury (959.01), and discharged home with instructions to follow-up with his primary care provider within 2-3 days. A brain CT was performed on 02/28/2014 with findings of no acute intracranial hemorrhage; extra-axial spaces unremarkable for subdural, epidural or subchondral hemorrhage; skull negative for fracture or lytic/sclerotic lesion; brain unremarkable; size of the ventricles, cisterns and sulci within normal limits; no hydrocephalus or advanced cerebral atrophy, no shifted midline structures, basilar cisterns patent, and gray/white differentiation maintained. Cervical spine CT of 02/28/2014 was negative for fracture or dislocation, negative for disc herniation of cervical spine, negative skull base fracture, and central spinal canal and neural foraminal patent at all levels. The patient experienced damage to teeth numbers 8, 9, 10, and 30. He treated with 12 PT sessions through 04/29/2014. The patient presented for chiropractic care on 04/01/2014 and reported neck pain, headaches, and thoracic pain. Examination findings on 04/01/2014: range of motion in flexion within normal limits with pain, extension decreased by 10% with pain, left rotation decreased by 50% with pain, right rotation decreased by 55% with pain, and bilateral lateral bending decreased by 25% with pain; cervical and thoracic paraspinal spasms/tightness, and subluxations were noted from C1 through T6, T9, T 10, L4, and L5. Diagnoses were noted as cervical sprain/strain (847.0, concussion (850.9), cervicalgia (723.1), and pain in thoracic spine (724.1). On 04/01/2014, 10 chiropractic treatment sessions were recommended. On the patient's sixth chiropractic treatment session, 04/21/2014, he remained with ungraded cervical and thoracic pain

and no measured objective factors were reported. On the patient's 10th treatment session, 04/30/2014, he remained with ungraded cervical and thoracic pain, no measured objective factors were reported, and treatment was recommended at a frequency of 2 times per week for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The request for 10 sessions of chiropractic treatment for the neck is not supported to be medically necessary. The MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of neck conditions; therefore, the MTUS guidelines are not applicable in this case. The Official Disability Guidelines and ACOEM are the reference sources, and the Official Disability Guidelines and ACOEM do not support the request for 10 sessions of chiropractic treatment for the neck in this case. The request for 10 sessions of chiropractic treatment for the neck exceeds Official Disability Guidelines and ACOEM treatment guidelines recommendations and is not supported to be medically necessary. The Official Disability Guidelines Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG chiropractic guidelines support a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions based upon evidence of objective functional improvement with care rendered during the treatment trial. The request for 10 chiropractic treatment sessions for the neck exceeds Official Disability Guidelines Treatment Guidelines recommendations and is not supported to be medically necessary. The ACOEM reports physical manipulation for neck pain is optional early in care only. ACOEM reports cervical manipulation may be an option for patients with occupationally related neck pain 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. Submitted chiropractic documentation does not indicate manipulation incorporated within the context of functional restoration; therefore, the request for 10 manipulative treatment sessions exceeds guidelines recommendations and is not supported to be medically necessary.