

Case Number:	CM14-0071281		
Date Assigned:	07/16/2014	Date of Injury:	12/02/2013
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 23-year-old male born on [REDACTED]. On 12/02/2013 he was throwing a large steel motorcycle jack into a trash bin and the handle of the Jack struck the back of his head and neck. The patient presented for chiropractic care on 02/26/2014 with complaints of neck pain and headaches. The examination findings were noted as: There was pain with cervical range of motion. The patient has tenderness of posterior cervical spine. He has pain with shoulder depression on the right and left. Treatment consisted of chiropractic manipulation, interferential, infrared, and myofascial release technique, and there was a request for authorization of 6 visits. The patient was reported capable of performing his usual occupation. The patient underwent cervical spine x-ray examination on 03/03/2014 with findings noted as hypolordosis, normal bone density, some C4/5 uncovertebral hypertrophy, well maintained joint spaces, no evidence of acute fracture or dislocation, and unremarkable soft tissues. The chiropractor's PR-2 of 03/11/2014 noted the patient was seen for re-evaluation for continued left side neck pain and headaches. By examination, there was discomfort with cervical ROM, and shoulder depression and foraminal compression were positive for left side neck pain. There was a request for six chiropractic/physiotherapy visits. The chiropractor's PR-2 of 03/18/2014 noted the patient was seen in re-evaluation. Examination findings were noted as tenderness and spasm at the left side of the neck, and shoulder depression and foraminal compression were positive for neck pain on the left side. The chiropractor's PR-2 of 04/01/2014 noted the patient was seen for re-evaluation, having completed 6 chiropractic treatments. The patient reported chiropractic treatment helped him sleep better, and he was able to sit and stand and with less pain. Examination findings were noted as: cervical flexion 50, extension 50, bilateral rotation 65, and bilateral bending 20; and foraminal compression produced left sided cervical spine pain. Diagnoses were reported as post concussion headache (339.21), cervical sprain/strain (847.0), and head and neck contusion

(920.0). On 04/01/2014, the chiropractor requested 12 additional chiropractic/physiotherapy/rehabilitative exercise visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise pages 46 & 47, Manual Therapy and Manipulation pages 58-60, Physical Medicine/Physical Therapy pages 98 & 99, and Transcutaneous Electrotherapy page 114 through Sympathetic Therapy page 121 Page(s): 46 & 47, 58-60, 98 & 99, 114, 121.

Decision rationale: The request for 12 additional chiropractic/physiotherapy/rehabilitative exercise visits is not supported to be medically necessary. The patient had treated with 6 chiropractic treatment sessions from 02/26/2014 through 04/01/2014. The MTUS (Chronic Pain Medical Treatment Guidelines), supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient treated with chiropractic care on 6 occasions from 02/26/2014 through 04/01/2014 and was reported capable of performing his usual occupation from date of entry forward. There is no evidence of objective functional improvement with care during the 6-visit treatment trial, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary. The request for 12 additional chiropractic/physiotherapy/rehabilitative exercise visits is not supported to be medically necessary.