

Case Number:	CM14-0077282		
Date Assigned:	07/18/2014	Date of Injury:	11/12/2013
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation, 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 49-year-old female with a reported injury on 11/12/13. The injured worker tripped on a rug and fell into a glass door, hitting her head on the glass and her right hand on the metal of the door. Her diagnoses included status post closed head injury without loss of consciousness, traumatic brain injury, craniocervical headaches, and post-traumatic labyrinthine concussion. Her previous treatments consist of chiropractic therapy, physical therapy, left knee injections and acupuncture; the efficacy was not provided for any of these with the exception of a chiropractic note dated 3/31/14 that showed no improvement. In fact, her pain had become moderately worse. It is unknown how many sessions of prior chiropractic therapy she had. The injured worker had an MRI of the brain; the date is unknown, but it did show some punctuate foci of abnormal signal over the right parietal white matter. Since the injured worker was struck on the right side of her head at the time of the injury, it was noted that the lesion could be post-traumatic in nature. The injured worker had an examination on 4/17/14 with complaints of severe distress because her appointment with the psychologist was cancelled. She complained of ongoing headaches, for which she was taking Fiorinal. The medication did improve her symptoms to a certain degree, but she still complained of being symptomatic. The examination revealed that there was 2+ tenderness in her cervical paraspinal area with spasms and trigger points. Her range of motion in flexion was 60 degrees and extension was 30 degrees. Right lateral flexion was 30 degrees and left lateral flexion was 30 degrees. Right rotation was 50 degrees, and left rotation was 50 degrees. There was 2+ tenderness and trigger points involving the upper trapezius. Her motor exam was normal with strength at 5/5 in both the upper and the lower extremities. Neither the list of medications nor their efficacy were provided. The recommended plan of treatment in the note from 4/17/14 was for the injured worker to have

Desyrel added to her medication, to continue her Fiorinal, and to have a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Therapy sessions for the cervical and lumbar spine: Upheld

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

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

Decision rationale: The injured worker has had previous treatments of chiropractic therapy with no improvement shown. She also has had physical therapy, a left knee injection, and acupuncture; the efficacy of those treatments was not provided. The California MTUS guidelines recommend that chiropractic therapy include a goal of achievement of positive symptomatic or objective measurable gains and functional improvement and that facilitates progression in the injured worker's therapeutic exercise program, and the return to productive activities. There was no evidence of improvement of her prior therapies; there were no measurable gains in functional improvement or functional deficits listed. The California MTUS guidelines recommend an initial trial of 6 to 12 visits over a 2 to 4 week period; but at the midway point, there should be a formal assessment as to whether the treatment is continuing to produce satisfactory clinical gains. It is unknown as to how many previous chiropractic therapy sessions she has already had, and again, there were no measurable functional gains. Therefore, the 6 chiropractic sessions for the cervical and lumbar spine are not medically necessary.