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| <b>Case Number:</b>   | CM14-0188032 |                              |            |
| <b>Date Assigned:</b> | 11/18/2014   | <b>Date of Injury:</b>       | 08/15/2014 |
| <b>Decision Date:</b> | 01/06/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2014 |

### 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 29 year old male who injured his head, neck, lower back on 7/3/14 and 8/5 /2014 as a result of performing his duties as a fork lift driver. He was struck on the head by a heavy door. Per the Primary Treating Physician (PTP) progress report the patient complains of "neck pain that is intermittent with movement, moderate and dizziness and blurred vision on the right eye that occurs 1-2 times per day." The patient has been treated with medications and chiropractic care. Psychological consult, acupuncture and physical therapy have been requested but not yet authorized per the records provided. The diagnoses assigned by the PTP are cervical sprain/strain, visual disturbance and concussion with brief loss of consciousness. An X-ray study of the cervical spine has been positive for hyperlordosis with anterior head translation and spondylosis at C5-6. The PTP is requesting 12 additional Chiropractic Sessions to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Sessions, twice a week for six weeks for the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Manipulation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Manipulation Section MTUS Definitions Page 1

**Decision rationale:** The patient has received prior chiropractic care per the records provided. The progress reports provided from the treating physician clearly show objective functional improvement as defined by MTUS. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Neck and Low Back Chapters recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been objective functional improvement with the rendered chiropractic care in the cervical spine. Pain levels have decreased, range of motion has been improved and patient has been returned to modified duty. The 12 Chiropractic Sessions requested to the cervical spine are medically necessary and appropriate.