

Case Number:	CM14-0198747		
Date Assigned:	12/09/2014	Date of Injury:	09/11/2013
Decision Date:	01/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 29 year old male who reported neck, right hand, left hand, back pain from injury sustained on 09/11/13. He states that while standing on the roof, the structure of the roof caved in causing him to fall through the roof landing on concrete. Patient is diagnosed with cervical spine strain with radicular complaints; fracture of the right distal forearm; status post open reduction internal fixation; right wrist sprain; left wrist sprain; and thoracic sprain. Patient has been treated with medication, physical therapy, acupuncture and chiropractic. Per medical notes dated 09/25/14, he reports intermittent slight neck pain. He reports intermittent moderate mid and low back pain. Examination revealed tenderness to palpation about the paracervical musculature. Restricted range of motion due to complains of pain. Per medical notes dated 10/23/14, patient complains of intermittent neck pain and intermittent moderate low back pain with radiation to the bilateral lower extremity. Patient complains of constant pain to the right wrist and hand. There was reported lumbosacral tenderness to palpation, spasms were noted as well as decreased range of motion. Provider requested additional 2X4 chiropractic sessions which were non-certified by the utilization review dated 11/21/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment of the cervical spine 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X4 chiropractic sessions for cervical spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.