

Case Number:	CM15-0141660		
Date Assigned:	07/31/2015	Date of Injury:	04/10/2013
Decision Date:	09/08/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 45 year old male, who sustained an industrial injury on 4-10-13. He has reported initial complaints of a head injury at work with pain in the neck and right knee. The diagnoses have included post concussive syndrome, cervical whiplash injury with residual discomfort, adjustment disorder with depressed mood and right knee meniscal tear. Treatment to date has included activity modifications, diagnostics, acupuncture, physical therapy, Jacuzzi, stretching and home exercise program (HEP). Currently, as per the physician progress note dated 6-3-15, the injured worker complains of headaches, dizziness, depression and pain that radiates into the upper extremities from his neck. It is noted that he does not want to proceed with cervical epidural injections. The diagnostic testing that was performed included electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included Nortriptyline and Omeprazole. The objective findings reveal that he has a depressed affect, cervical tenderness to palpation, decreased ranger of motion, and positive head compression test. The physician requested treatment included Chiropractic therapy two times a week for six weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times six for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

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

Decision rationale: The claimant presented with chronic neck and right knee pain despite previous treatments with medications, acupuncture, physical therapy, and home exercises. Reviewed of the available medical records showed no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without first demonstrating functional improvement with the trial visit, the request for 12 visits is not medically necessary and appropriate.