

Case Number:	CM15-0195400		
Date Assigned:	10/09/2015	Date of Injury:	06/18/2015
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This injured worker is a 47 year old female who reported an industrial injury on 6-18-2015. Her diagnoses, and or impressions, were noted to include: contusion of head-neck-face and buttock; status-post fall with concussion; post-concussion syndrome; and cervical sprain-strain. Recent computed tomography scans of the head were done on 6-18-2015 with no significant findings was reported; no other imaging studies were noted. Her treatments were noted to include medication management and rest from work. The occupational medicine initial progress notes of 9-1-2015 reported: the taking over as primary care physician; a review of her medical records which indicated the cat scan results were negative at the time of injury; that the medications given for headaches and dizziness did not help and the side-effects were undesirable; having an orthopedic evaluation with recommendation for rest; a neurology consultation on 8-6-2015, for which the records were unavailable for review, but that she was told she would not improve, and that no treatment options discussed; and that she was not working, was unable to drive due to dizziness and difficulty concentrating; neck pain; that the dizziness is her biggest symptom, and was unrelieved by unrelieved by Antivert; the inability to focus with difficulty "connecting the dots" and multi-tasking; feeling tired but with difficulty sleeping at night; problems with procrastination due to her type "A" personality; improvement with headaches but difficulty with short-term memory loss and difficulty with feeling "disconnected"; and that she felt a little anxious from it all. The history noted muscular dystrophy, and prior head contusions from being hit in the back of the head, with loss of consciousness. The objective findings were noted to include: no apparent distress; the inability to heel gait with her stating that was normal for her

muscular dystrophy; tenderness at the para-cervical region, with pain at end range; and the impression for her having sustained a post-concussion syndrome from her head injury. The physician's requests for treatment were noted to include that she would benefit from chiropractic visits to help with the cervical pain, anxiety and difficulty sleeping. The Request for Authorization, dated 9-4-2015, was noted to include Chiropractor, 6 visits. The Utilization Review of 9-14-2015 non-certified the request for chiropractic treatments, 3 x a week x 2 weeks (6 treatments), for the head and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, head/ cervical spine, 3 times weekly for 2 weeks, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Manipulation; Chiropractic guidelines; Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with neck pain and headaches. Previous treatments include medications and activities modification. There is no other treatment documented. According to evidences based MTUS guidelines, a trial of 6 chiropractic visits over 2 weeks is recommended, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks. Current request for 6 chiropractic, 3 times a week for 2 week is within the guidelines recommendations. Therefore, it is medically necessary and appropriate.