

Case Number:	CM15-0027762		
Date Assigned:	02/20/2015	Date of Injury:	04/10/2012
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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 47 year old male, who sustained an industrial injury reported on 4/10/2012. He reported for re-evaluation with noted complaints of not being improved, in-fact being stressed, that he felt he was being followed by an investigator, and cervical complaints and burning in the eyes with loss of vision related to a head injury. The diagnoses were noted to have included displacement of cervical intervertebral disc without myelopathy/syndrome; shoulder/upper arm strain; status-post fall with closed blunt head trauma (4/10/12); and post-concussion/cervicogenic headaches with benign positional vertigo/dizziness. Treatments to date have included multiple consultations; diagnostic imaging studies; electroencephalogram; 8 acupuncture treatments; 6 chiropractic treatments for the cervical spine; and medication management. The work status classification for this injured worker (IW) was noted to be that he remained off work until 3/22/2015. The internal medicine re-examination notes, dated 1/15/2015, note improvement in headaches, down to 2 x a week, with each lasting a few hours; and intolerance to Rizatriptan. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/20/2015, included 6 additional chiropractic treatments for the cervical spine, for lack of objective documentation to meet recommended guidelines for additional chiropractic treatments. The Medical Treatment Utilization Schedule, manual manipulation; and the American College of Occupational and Environmental Medicine; occupational medical practice guidelines, chapter 8, cervical manipulation; and the Official Disability Guidelines, neck and upper back/manipulation, chiropractic guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x6 visits, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back /Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months, page 58-59 Page(s): 58-59.

Decision rationale: The claimant presented with persistent neck pain and headaches despite previous treatments with medications, acupuncture, and chiropractic. Reviewed of the available medical records showed he has had chiropractic treatment previously, however, there is no evidence of objective functional improvement documented. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary and appropriate.