

Case Number:	CM15-0055313		
Date Assigned:	03/30/2015	Date of Injury:	10/16/2014
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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, Oriental Medicine

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 was a 35 year old male, who sustained an industrial injury, October 16, 2014. The injury was sustained when the injured worker fell out of a tree. The injured worker fell approximately 15 feet, landing on a concrete slab. The injured worker loss consciousness and was disoriented, dizzy and experienced difficulty breathing. The injured worker sight medical attention and where x-rays were taken. The x-rays were negative for fractures and the injured worker had sutures in the right knee. The injured worker previously received the following treatments 4 physical therapy sessions, 6 chiropractic therapy sessions, various exercises, electric stimulation, cold/heat packs, electrodiagnostic studies of the upper and lower extremities, Tramadol, Cyclobenzaprine, Meloxicam, Tylenol, Ultracet, CT scan of the ribs and x-rays of the back. The injured worker was diagnosed with rule out HPN (herniated nucleus pulposus) of the cervical, thoracic and lumbar spine, cervical and lumbar radiculopathy. According to the QME note of March 6, 2015, the injured workers chief complaint was cervical spine, left shoulder, lumbar spine, right and left knee pain. The injured worker rated the pain 4-7; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness in the spinous processes. The range of motion to the cervical neck was normal. There was decreased sensation of the C6 and C8 dermatomes with negative cervical compression test. The Phalen's, Tinel's and Finkelstein's tests were negative bilaterally. Adson's test was also negative bilaterally. The lumbar range of motion was normal. The straight leg testing was negative. The treatment plan of January 28, 2015, included chiropractic therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional chiropractic therapy sessions 2 x per week x 4 weeks to the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 7, 30.

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

Decision rationale: 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, thoracic, and lumbar 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. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.