

Case Number:	CM14-0165835		
Date Assigned:	10/10/2014	Date of Injury:	05/31/2012
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Board Certified in Chiropractic 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 claimant is a 41-year-old male who was involved in a work injury on 5/31/2012 in which he injured his neck. The injury was described as the claimant was "standing next to a 5000-8000 pound cement container suspended by a crane, when the cement mixer bucket struck me in the head and I woke up in an ambulance." The claimant was evaluated by [REDACTED] who diagnosed the claimant with closed head injury, chronic musculoligamentous cervical sprain/strain, and chronic musculoligamentous thoracic sprain/strain. On 9/5/2014 the claimant presented to the office of [REDACTED], complaining of "constant, moderate to severe, headaches with pain described as sharp and pulsating. Constant, moderate to severe, sharp neck pain with numbness sensations in the neck, right arm and right hand, constant, moderate to severe, sharp upper back pain with numbness sensations on the left side. The patient also reports constant, moderate to severe, sharp, throbbing lower back pain radiating to his right leg with tingling sensations and numbness." The claimant was diagnosed with headaches, cervical sprain/strain with right upper extremity neuralgia, thoracic sprain/strain, lumbar sprain/strain with right leg neuralgia, postconcussion syndrome, and gait disorder. The recommendation was for a course of 12 chiropractic treatments. The requested 12 treatments were submitted on a 9/10/2014 RFA. This request was denied by peer review on 9/23/2014. The rationale for denial was that "the claimant has reportedly received an undetermined number of chiropractic visits" prior to this request. I find no evidence in the submitted documentation that the claimant had received any chiropractic treatment prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care for multiple body parts, 1-2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 12 treatments exceed this guideline. The request was for treatment at 1-2 times per week for 6 weeks. Treatment at one time per week for 6 weeks would be consistent with this guideline. However, the doctors 1st report indicates a request for "12 office visits on a trial basis." Given that the requested treatment exceeds MTUS guidelines, I recommend denial of the requested 12 treatments.