

Case Number:	CM14-0214953		
Date Assigned:	01/07/2015	Date of Injury:	09/03/2013
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Ohio

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:

Claimant is a 59 year old male who sustained a work related injury on 9/3/13 when he was hit by a falling tree limb. Diagnoses include non-displaced skull and sinus fracture, subarachnoid hemorrhage, subdural hematoma, intraparenchymal hemorrhage, pneumothorax, degenerative disc disease lumbar, facet disease C2-C3, fixed atlantoaxial rotary subluxation C1/C2, diffuse axonal injury, and cardiomegaly. PR2 dated 11/21/14 notes a complaint of cervical pain, eye pain, and headache. UR decision non-certified 1 visit of chiropractic citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 chiropractic therapy session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines Regional Neck Pain: 9 visits over 8 weeks Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including

auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicate

Decision rationale: ODG supports the use of manipulation of the cervical spine. It notes that trial of 6 visits over 2-3 weeks should be performed to establish objective functional progress prior to continuing care. In this case the claimant has undergone an adequate trial of therapy. Objective functional improvement was not documented. Based on the lack of objective functional improvement and ODG the treatment request in not medically necessary.