

Case Number:	CM15-0066988		
Date Assigned:	04/14/2015	Date of Injury:	11/25/2014
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Chiropractic

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 42-year-old male who sustained an industrial injury on 11/26/2014. Current diagnoses include post-concussive syndrome, depressive disorder, post-traumatic headaches, photophobia, suicidal thoughts, anomic aphasia, retching, and nausea. Previous treatments included medication management and psychiatric evaluation. Previous diagnostic studies included MRI. Report dated 01/06/2015 noted that the injured worker presented with complaints that included 2 suicidal episodes. Physical examination was negative for abnormal findings. The treatment plan included stat psychiatric referral. Disputed treatments include an initial trial of chiropractic 3 times a week for 5 weeks for the neck. The UR department has modified the request and approved an initial trial of 6 sessions of chiropractic care to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 5 weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter.

Decision rationale: The patient has not received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back Chapter recommend an initial trial of 6 sessions of chiropractic care to the cervical spine. The UR department has already approved the initial 6 sessions per The MTUS recommendation. Additional treatments are warranted pending evidence of objective functional improvement. I find that the initial trial of 15 chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.