

Case Number:	CM13-0021777		
Date Assigned:	11/13/2013	Date of Injury:	01/11/2010
Decision Date:	02/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 39-year-old female who reported an injury on 01/11/2010, from repetitive motion injuries from data entry. Her diagnoses include chronic cervical myofascial pain syndrome with cervicogenic headaches, right carpal tunnel syndrome, and a repetitive strain injury to her right upper extremity. Her symptoms are noted to include neck pain and spasm, daily headaches, pain radiating down her right arm, and weakness in her right arm. She was also noted to report a feeling of numbness to the right jaw and face areas, stated her head feels very heavy, and her neck feels very tight. She rated her pain as 5/10 to 7/10. Her objective findings were noted as mild guarded gross neck movement; mild to moderate paracervical spasm with myofascial tenderness of the sub occipital, scalene, and upper trapezius muscles; positive Spurling's maneuver; limited cervical range of motion to about 50% of normal; and a positive right side Tinel's sign on the wrist. The patient had a neurological consultation on 09/12/2013. The patient's complaints were noted as headache, memory loss, neck pain, and right upper extremity pain. It was noted that the patient has previously received chiropractic care in the form of Kinesio taping to her neck and arm, which the patient reported provided good relief. However, it was also noted that she then had 6 more visits with the chiropractor, including manipulation, and she noted it caused increased pain to the head and nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. 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. It is recommended that the patient have an initial trial of 3 to 6 visits of chiropractic treatment, as if the chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical information submitted for review contains documentation that the patient had increased symptoms following previous chiropractic visits. Therefore, the request for further chiropractic visits is not supported. Additionally, the California MTUS Guidelines specifically state that manual therapy and manipulation is not recommended for carpal tunnel syndrome or to treat disorders of the forearm, wrist, and hand. For these reasons, the request is non-certified.