

Case Number:	CM14-0109187		
Date Assigned:	08/01/2014	Date of Injury:	10/07/2009
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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:

According to the available medical records, this is a 49 year old female patient with chronic neck pain, back pain, bilateral upper extremities and bilateral lower extremities pain, date of injury 10/07/2009. Previous treatments include medications, physical therapy, chiropractic, acupuncture, occupational therapy, arthroscopic debridement of the left wrist in 2014, right carpal tunnel release surgery in 2013, cervical fusion surgery in 2012, TENS unit, trigger point injections, and epidural injections. Progress report dated 06/11/2014 by the treating doctor revealed patient with neck and arm pain, medications helped about 40% difference with her pain. She reported to have flares-up at times especially during the night hours where she gets her neck spasm mainly in pain and it can radiate down the bilateral upper extremities. The pain is at least 7/10 and worst is 10/10, no change in pain level. Exam of the cervical spine noted palpable twitch positive trigger points in the muscles of the head and neck, more on right side, pain when neck is flexed anteriorly and in extension, painful lateral rotations. Diagnoses include cervical radiculopathy, unspecified peripheral vertigo, cervical spondylosis and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiropractic rehabilitation of vestibular-auricular dysfunction x6 visits for the neck: Upheld

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

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

Decision rationale: The patient has multiple injuries with a history of ongoing conservative treatments that include medications, acupuncture, chiropractic, physical therapy and occupational therapy. She also had injections and surgery to the neck. Medical records noted the patient has completed 14 chiropractic treatments in 2013 and additional 2 visits in January 2014. There is no evidence of objective functional improvement and the patient continued to have ongoing significant pain, 7-10/10. Based on the guidelines cited, the request for continue Chiropractic treatments, 6 visits for the neck is not medically necessary.