

Case Number:	CM14-0166856		
Date Assigned:	10/14/2014	Date of Injury:	06/30/2014
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 licensed 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 29 year old female with complains of pain in the neck, shoulder and ongoing headaches, dizziness, confusion and numbness of hands and feet, date of injury is 06/30/2014. Previous treatments include medications, chiropractic, and physical therapy. Progress report dated 09/02/2014 by the treating doctor revealed patient with ongoing headaches, dizziness, confusion, numbness of the hands and feet, pain in the neck, shoulders and back, spasms and twitching. Objective findings include tearful and jerky, head tender suboccipital area, neck ROM decreased, tender trap and cervical soft tissues, spine decreased ROM, tender lumbar area. Assessment include closed head trauma, concussion with "altered awareness", perceptual dysfunction, headaches, dizziness, numbness and tingling arms and legs, tremor coarse. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xWk x 2Wks Cervical Spine: Upheld

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

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

Decision rationale: The claimant presents with ongoing headaches and neck pain. The available medical records revealed she has been authorized for 6 chiropractic visits in 07/24/2014 but decided not to follow up with treatment, she also has been treated by her personal chiropractor. There is no records of her previous chiropractic treatments available, the total number of visits the patients has completed is unknown, and the outcomes for those treatments are undocumented. Based on the guidelines cited, the request for chiropractic 3x2 for this claimant's cervical spine is not medically necessary.