

Case Number:	CM14-0167243		
Date Assigned:	10/14/2014	Date of Injury:	02/17/2000
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 59 year old female with chronic neck pain and right carpal tunnel syndrome, date of injury is 02/17/2000. Previous treatments of the cervical include chiropractic, medications, cervical fusion C5-7, acupuncture, physical therapy. Progress report dated 09/22/2014 by the treating doctor revealed cervical pain not completely resolved, intermittent pain that has slightly improved with chiropractor, right carpal tunnel syndrome improved with cortisone injection, occasional index finger spasm and locking. Objective findings include decreased cervical ROM, positive Spurling, trapezius and rhomboid tender to palpation, increased pain and spasm. Diagnoses include cervical HNP, right carpal tunnel syndrome and tendonitis. 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:

10 Chiropractic treatments for the cervical spine: 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 claimant present with chronic neck pain that failed to resolve with conservative treatments include medications, acupuncture, chiropractic and physical therapy. The available medical records noted that she has had 12 chiropractic treatments from 07/2014 to 09/2014. However, there is no evidence of objective functional improvement, the patient actually presents with increased spasm and decreased ROM that require additional treatments, and the patient remained off work. Based on the guidelines cited above, the request for additional 10 chiropractic treatments for the cervical spine is not medically necessary.