

Case Number:	CM14-0097277		
Date Assigned:	07/28/2014	Date of Injury:	08/09/2011
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/25/2014

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 Chiropractics 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:

The patient is a 66-year-old female born on 01/16/1948. On 08/09/2011, during the course of her employment as a health and human services professional, a man punched the right side of her face in the area of her neck around her lower ear. The patient presented for initial chiropractic examination on 03/04/2014, with presenting complaints including blackouts, dizziness, recent head trauma, headaches, poor coordination, seizures, a tingling sensation, walking difficulties, weakness, chronic fatigue, muscle ache, cramps, neck pain and stiffness. The physical examination on 03/04/2014 revealed cervical spine flexion, extension, and left rotation to normal limits and right rotation 75/80; pain and spasms were present, positive findings were noted on Jackson Compression Test bilaterally and Maximum Cervical Compression Test bilaterally; palpation revealed muscle spasms and pain in the right suboccipital muscle group, paracervical muscles and right trapezius muscle group, and palpation revealed right upper thoracic group muscle spasms without pain. The patient was diagnosed with dizziness/vertigo, cervical cranial syndrome, and cervico-genic headache. Treatment consisted of spinal manipulation and passive modalities. The RFA of 03/11/2014 requested authorization for six visits of chiropractic/physiotherapy. The chart note of 04/10/2014 indicates the patient presented with continued neck pain, reportedly improved a bit since her last visit. Examination findings on 04/10/2014 noted spinal palpation revealed moderate pain, articular fixations, active trigger points, moderate muscle spasms, and subluxations at C1 on the right side. Treatment consisted of chiropractic spinal manipulation and passive therapies. The patient presented for chiropractic re-evaluation on 05/13/2014. She reported pain in the right side of her neck radiating to the head bilaterally. The physical examination on 05/13/2014 revealed cervical spine flexion, extension, and left rotation to normal limits and right rotation 75/80; pain and spasms were present, positive findings were noted on Jackson Compression Test bilaterally and Maximum Cervical

Compression Test bilaterally, palpation revealed muscle spasms and pain in the right suboccipital muscle group, paracervical muscles and right trapezius muscle group; and palpation revealed right upper thoracic group muscle spasms without pain. Diagnoses were noted as dizziness/vertigo, cervical cranial syndrome, and cervico-genic headache. Additional chiropractic/physiotherapy visits were recommended. The RFA of 05/15/2014 requested additional chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy for 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary, Manipulation/ODG Chiropractic Guidelines. (Updated 08/04/2014).

Decision rationale: The request for six additional chiropractic/physiotherapy visits is not supported to be medically necessary. The patient began chiropractic care on 03/04/2014. The examination findings on 03/04/2014 and the most recent exam provided for this review, 05/13/2014, report objective findings unchanged. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, Official Disability Guidelines (ODG) will be referenced relative to chiropractic care of the patient's cervical spine. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary, Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. The examination findings on date of presentation (03/04/2014) and the findings of the most recent examination (05/13/2014) are unchanged. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for six additional chiropractic/physiotherapy visits exceeds ODG recommendations and is not supported to be medically necessary.