

Case Number:	CM13-0005808		
Date Assigned:	03/07/2014	Date of Injury:	07/01/2010
Decision Date:	04/17/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/01/2013

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 Texas. 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 51-year-old female who reported an injury on 07/01/2010. The injury was noted to have occurred when the patient was unloading a truck at work and pushed a box down on rollers, injuring her low back and right shoulder. She is diagnosed with chronic low back pain, left lower extremity pain, and status post microdiscectomy of L5-S1 on 05/16/2012. At her office visit on 07/02/2013, it was noted that she reported low back pain with radiation to both of her lower extremities. Her objective findings were noted to include decreased range of motion in all planes of the lumbar spine. Her treatment plan was noted to include continue medications as prescribed, physical therapy at home, and a trial of chiropractic treatments and massage therapy. It was noted that her treating physician felt that chiropractic and massage treatment would help her while they were attempting to wean her off her medications. At her follow up visit on 07/31/2013, it was noted that she had been authorized for 6 sessions of chiropractic treatment, but not for massage. At her follow up on 08/29/2013, it was noted that she had begun chiropractic care, which had caused her to be rather sore and her physical exam findings included decreased motor strength to 4/5 in her bilateral lower extremities. Her 10/24/2013 noted indicated there were no changes in her physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC WITH MASSAGE 2 X WEEK FOR 6 WEEKS OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation, Massage Therapy Page(s): s 58-59, 60.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended in the treatment of pain caused by musculoskeletal conditions if used as an adjunct to a program of evidence-based restoration. In the treatment of low back conditions, chiropractic care may be recommended for a total of up to 18 visits over 6 to 8 weeks with documentation of objective functional improvement following a 6 visit trial. The clinical information submitted for review indicated that the patient was approved for an initial 6 visits. However, the clinical information provided only documented that she had increased pain following her first session, and her motor strength was decreased to 4/5 bilaterally. Therefore, there is inadequate evidence of objective functional benefit following her initial 6 visits to warrant continued chiropractic visits. Additionally, the California MTUS Guidelines state that massage therapy has a lack of long-term benefits due to short-term treatment, or treatments such as these do not address underlying causes of pain. When recommended, massage therapy should be limited to 4 to 6 visits and as an adjunct to a therapeutic exercise program. The patient was noted to be participating in a therapeutic exercise program and had positive functional deficits upon physical exam. However, the request for massage twice a week for 6 weeks exceeds the guidelines' limits of 4 to 6 visits. For these reasons, the requested services are non-certified.