

<b>Case Number:</b>	CM13-0010374		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/01/1992
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Board Certified in Family Practice and is licensed to practice in Texas & Mississippi. 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 injured worker is a 65-year-old male who reported an injury on 10/01/1992 due to an unknown mechanism. Diagnoses were failed back syndrome, history of lumbar laminectomy and fusion x4, facet, sacroiliac joint arthropathy, hypercholesterolemia, depression, cervical neck pain, and history anterior cervical discectomy with fusion C5-6. Past treatments have been chiropractic sessions, massage, and physical therapy. Diagnostic studies were MRI, EMG, and nerve conduction studies. Surgical history was a L4-5 laminectomy, L3-4 lumbar fusion, L4-5 fusion, and cervical fusion at the C5-6. Physical examination on 05/20/2013 revealed complaints of pain more in the back down to the buttocks, lower extremities. Examination of the spine revealed tenderness to the paralumbar facet and S1. Faber was positive bilaterally. Back extension was severely limited. Medications were Percocet, and treatment plan was to request a facet or diagnostic injection. Also, for 24 chiropractic sessions and 24 massage therapy sessions. The rationale was not submitted. The Request for Authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 CHIROPRACTIC SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatments for flare ups require a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement and function. The maximum duration is 8 weeks and at 8 weeks, patients should be evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The injured worker was receiving chiropractic care at the time of his examination on 05/20/2013. It was not reported that there was any type of functional improvement. The provider was going to request diagnostic injections. Also, a spinal cord stimulator was to be requested. Due to no reports of any type of functional improvement in the injured worker, this request is not medically necessary.

**24 MASSAGE THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend massage therapy that is limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. There were no reports of any type of functional improvement in the injured worker. The 24 massage therapy sessions exceeds the recommended 4 to 6 visits. Therefore, this request is not medically necessary.