

<b>Case Number:</b>	CM13-0026109		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/04/2002
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

The patient is a 59 year old female who injured her neck, left knee, upper back and lower back on 9/4/2002. Chief complaints are neck, mid-back, lower back and left knee pains. Patient has been treated with medications, trigger point injections, physical therapy, massage therapy, home care exercises and is status post-surgery total left knee replacement in addition to having left knee MUA procedures. Patient has also been treated with chiropractic care, hot/cold therapy for her knee and epidural injections for her neck. Diagnoses assigned by the PTP are nonallopathic lesion of sacral region, nonallopathic lesion of pelvic region, nonallopathic lesion of thoracic region, nonallopathic lesion of lumbar region, nonallopathic lesion of cervical region, myalgia and myositis and pain in joint lower leg. MRI of the cervical spine revealed spurring at C3-7 and spinal canal stenosis at C4-7. A three phase bone scan of the left knee revealed minimal to mild osteoarthritic changes. The PTP is requesting 8 chiropractic care and 8 sessions of massage therapy to the neck, upper back and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back and Low Back Chapter, Manipulation Section

**Decision rationale:** Extensive records (over 1000 pages) were reviewed for this chronic case. Records of prior chiropractic exist in the materials provided for review. However, these records do not document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 and MTUS ODG Neck, Upper Back and Low Back Chapters state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 chiropractic sessions requested to the neck, upper back and lower back to not be medically necessary and appropriate..

**Eight (8) massage therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back and Low Back Chapter, Manipulation Section

**Decision rationale:** Extensive records (over 1000 pages) were reviewed for this chronic case. Records of prior chiropractic exist in the materials provided for review. However, these records do not document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 and MTUS ODG Neck, Upper Back and Low Back Chapters state that Manual therapy (massage) and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise

program and return to productive activities." Records provided do not show objective functional improvements with ongoing massage treatments rendered. I find that the 8 massage sessions requested to the neck, upper back and lower back to not be medically necessary and appropriate..