

Case Number:	CM13-0040927		
Date Assigned:	12/20/2013	Date of Injury:	12/19/2011
Decision Date:	02/13/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, 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 female with a date of injury 12/19/2011. According to the progress report dated 8/28/2013, the patient complained of lower back pain and radicular symptoms into the right hip and leg. The pain was constant and moderate. Examination of the lumbar spine revealed decrease range of motion with pain. The patient was positive for Valsalva, Bechterew, Lasegue, Fabere, Milgram, and Soto-hall test. Kemps's sign and Straight leg raising produced pain. There was weakness of the pelvic flexors, extensors, and adductors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation and 1 hour massage for the back 2 x per month for 90 days (total 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulatio Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Records indicate that the patient had prior chiropractic care. However, there was no documentation of objective functional improvement in

the submitted records. Therefore, the provider's request for manipulation is not medically necessary at this time. In regards to 1-hour massage, the guidelines recommend massages as an option and should be an adjunct to other recommended treatments. There was no documentation of adjunct treatment with the request. Therefore, the provider's request for manipulation and 1-hour massage for back 2x/month for 90 days (total 6) is not medically necessary at this time.