

Case Number:	CM13-0043595		
Date Assigned:	07/02/2014	Date of Injury:	12/05/1996
Decision Date:	08/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male who reported an injury on 12/05/1999 caused by bending over and picking up stucco tile. The injured worker had a history of back pain with diagnoses of lumbosacral segmental dysfunction, lumbosacral radiculitis, and spondylolisthesis. The diagnostics included an MRI on 09/09/2010 to the lumbar spine that revealed a right neural foraminal narrowing with degenerative changes at the L3-4 and the L4-5. The past treatments included chiropractic adjustments as needed, high voltage galvanism, intersegmental traction therapy, rehab exercise, and lumbar distraction therapy. On the chiropractic clinical note dated 06/12/2013 objective findings revealed no acute physical distress, the injured worker was able to support himself on his legs, to straighten up from sitting to standing, with some difficulty lifting, was able to put on his shoes and socks. The objective findings also revealed restricted dorsal lumbar range of motion with flexion and extension, palpation painful, restricted spinal intersegmental motion and muscle tension. Positive tests included Dejerine's Triad, positive posterior leg tightening, and Kemp's standing test positive bilaterally; right gluteal and left psoas muscles tested as 4/5, and decreased left lower extremity sensation with pinwheel testing. No medications were documented. No Visual Analog Scale (VAS) scale was documented. The treatment plan included homeopathic analgesic and anti-inflammatory formula ointment, hot showers, soaking in a hot tub, swimming, and walking, continues to use cane for support. Authorization form dated 09/19/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT ONE (1) VISIT PER THREE (3) TO FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

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

Decision rationale: The California MTUS Guidelines recommend that the injured worker reduce the frequency of visits to the point where a where maximum therapeutic benefit is achieved. The injured worker should be encouraged to do active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. The injured worker should also be encouraged to return to their usual activity levels despite residual pain. The injured worker should avoid catastrophizing and overdependence on physicians, including doctors of chiropractic's. The guidelines recommended an initial 6-12 visit period and at a midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period, and support up to 18 with functional improvement. Per the clinical notes, the injured worker had chiropractic therapy; however there was no evidence of the amount of visits completed other than the injured worker had been seeing the chiropractic office for 17 years. The request did not address the location the chiropractic therapy was needed for. As such, the Chiropractic treatment is not medically necessary.

MASSAGE THERAPY: Upheld

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

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

Decision rationale: The California MTUS indicates that massage therapy is a treatment that should be in conjunction with other recommended treatment and it should be limited to 4 to 6 visits in most cases. The massage therapy is a passive intervention and treatment dependence should be avoided. The lack of long term benefit could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Massage therapy is an effective adjunct treatment to relieve acute postoperative pain in the injured worker who has had a major surgery. The clinical notes provided did not support the need for massage therapy. The request did not address the frequency, duration, or location for the massage therapy. As such, Massage Therapy is not medically necessary.

