

Case Number:	CM13-0048023		
Date Assigned:	12/27/2013	Date of Injury:	10/27/1999
Decision Date:	02/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and 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 physician 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 41 year male who reported low back pain and right hip pain from injury sustained on 10/27/99. The mechanism of injury is unclear. The patient has flare-ups and reoccurrences while doing his regular and customary duties, wearing a duty belt around his waist. The MRI dated 12/4/99 states significant posterior bulge L2-L3 to L5-S1. L5-S1 moderate to severe compression of dural sac, L4-L5 facet hypertrophy and L4-L5 mild bilateral foraminal narrowing. The patient was diagnosed with DJD of thoracic spine and lumbar spine, thoracic spine sprain strain with radiculitis, sciatica and intersegmental dysfunction. The patient was treated with chiropractic care. The patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. The patient had 21 chiropractic sessions since January 2013. Per notes on 7/08/13 patients reports increased leg pain with prolonged standing, decrease in range of motion, pain radiating down to the toes. Per notes on 7/26/13 patient reports flare-up of pain 6-8/10, low back pain increased with standing. The patient hasn't had any long term symptomatic or functional relief with chiropractic care. The patient continues to have pain and flare-ups and be symptomatic without any functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT and massage therapy once time every three weeks (qty: 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58-60.

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

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. The treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. The treatment beyond 4-6 visits should be documented with objective improvement in function". The patient's injury is over 12 years old. The patient had 21 chiropractic sessions since January 2013. Patient continues to have flare-ups without any long term benefits from chiropractic care. The patient doesn't report any symptomatic or functional improvement with treatment. The patient is unable to maintain with home exercise program. Per MTUS- Chronic Pain medical treatment guideline - Massage therapy page 60. " This treatment should be an adjunct to other recommended treatment and it should be limited to 4-6 visits with most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were only registered during treatment". The patient continues to have pain and no functional gain. Per review of evidence and guideline, due to lack of symptomatic and functional improvement 4 chiropractic visits with massage therapy is not medically necessary.