

<b>Case Number:</b>	CM14-0003329		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/03/2001
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopaedic Surgery 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 records reflect that this is a 72-year-old patient sustained an occupational injury in April, 2001. The diagnosis is a Schmorl's node in the thoracic spine. It is also noted that a utilization review determination was completed and that the prospective request for chiropractic care, the tissue massage and Voltaren gel were partially certified (4 sessions of chiropractic care, one prescription of Norco, 3 sessions of the tissue massage and one prescription of Voltaren gel) at that time. The narrative indicates ongoing complaints of chronic neck and upper back pain. Previous notes indicate a vocational assessment outlining inability to return to work. It is also noted that Norco was prescribed in 2012 as was additional chiropractic care. The AME evaluator cautioned pursuing chronic chiropractic manipulation when noting the spinal pathology identified. A cervical collar was suggested by the chiropractic provider, again not certified in the preauthorization process. Multiple subsequent chiropractic progress notes noted a gradual worsening/exacerbation of right thoracic pain. There was a notation of pain in the cervical spine and additional chiropractic care was sought. ██████████ reported in March, 2013 an older gentleman who is significantly compromised secondary to the complaints of neck pain. ██████████ also took exception to the non-certification of the chronic use of opioid narcotics. With the June 19, 2013 report the provider agreed with the non-certification of additional practice intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE CHIROPRACTIC MANIPULATION SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** There is no data presented to suggest the need for an additional 12 sessions. Also as outlined in the California MTUS Guidelines, the amount of chiropractic care for this injury should be completed within the first several weeks after the date of injury. These parameters have been met. As such, while chiropractic care can be supported in the acute phase of injury, it is not supported in the literature with the guidelines for chronic indefinite application. The requested service is not medically necessary.

**TWELVE DEEP TISSUE MASSAGE SESSIONS:** Upheld

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

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

**Decision rationale:** Massage therapy is noted to be an option with specific limitations. The care should be limited to approximately four visits and the amount certified in the previous request. Massage can be beneficial for musculoskeletal symptoms, but there needs to be objectified significant positive results. Seeing none, there is no indication presented for additional massage therapy. The request is not medically necessary.

**VOLTAREN GEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

**Decision rationale:** The literature does not note any specific efficacy with a transdermal approach to non-steroidal medications. There is nothing noted in the records that this preparation has demonstrated any efficacy or utility after its partial approval in the past. When combining these two separate facts the request is not medically necessary.