

<b>Case Number:</b>	CM14-0007592		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 67-year-old male with a reported date of injury on 10/31/1994. The mechanism of injury reportedly occurred as the injured worker bent over while pulling and tugging on a plug in the chipper and developed low back pain. His diagnoses were noted to include lumbar subluxation, degeneration of the lumbosacral intervertebral disc, sciatica, and sacrum subluxation. His previous treatments were noted to include chiropractic therapy, physical therapy, electrical muscle stimulation, myofascial release, ultrasound, and massage therapy. The progress note dated 08/28/2013, revealed the injured worker complained of moderate to severe exacerbation of pain and symptoms in the lower back that radiated down the left buttock. The injured worker rated his pain at 6 out of 10 and reported the usual activities and yard work have contributed to ongoing and increasing pain levels. The physical examination revealed positive patellar test, bilateral Lasegue, Faber test, single leg raise, and the bilateral leg raise test was noted to be positive. The dorsolumbar motion study revealed flexion was 65 out of 90 degrees, extension was 18 out of 30 degrees, left lateral flexion was 13 out of 20 degrees, right lateral flexion was 15 out of 20 degrees, left rotation was 21 out of 30 degrees, right rotation was 23 out of 30 degrees and all were positive for pain and tenderness. The provider reported the injured worker has responded favorably to conservative care consisting of specific chiropractic adjustments, and physical therapies such as electrical muscle administration stimulation, myofascial release, ultrasound, and massage therapy. The Request For Authorization form dated 09/04/2013 was for 4 chiropractic and physical therapy combined sessions, and 2 massage therapy sessions for back pain to improve functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 CHIROPRACTIC AND PHYSICAL THERAPY VISITS COMBINED: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58; page 98-99..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal for effective manual medicine is the achievement of positive symptomatic or objective measureable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The guidelines also recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding objective measurable gains and functional improvement with regards to previous chiropractic and physical therapy visits. Additionally, the injured worker has completed an unknown number of previous chiropractic/physical therapy visits. Therefore, despite current measureable functional deficits, there is a lack of quantifiable objective functional improvements with previous chiropractic/physical therapy sessions as well as the previous number completed. As such, the request is not medically necessary.

#### **2 MASSAGE THERAPY VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend this treatment as an adjunct to other recommended treatments such as exercise, and should be limited to 4 to 6 visits in most cases. Many studies lack long term follow up and note that massage is beneficial in attenuating diffuse musculoskeletal symptoms, but the beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided.

The lack of long term evidence could be due to the short treatment period or treatments that do not address underlying causes of pain. The guidelines recommend active treatment modalities such as exercise and massage therapy is a passive modality. Additionally, there is a lack of documentation regarding efficacy of this treatment modality. Therefore, the request is is not medically necessary.