

Case Number:	CM14-0007957		
Date Assigned:	02/07/2014	Date of Injury:	04/07/1999
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 Chiropractic, has a subspecialty in Chiropractic Sports Medicine, 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 69 year old male who injured his low back on 4/7/99 with unknown mechanism of injury. The injured worker has received physical therapy, medications, chiropractic manipulations and deep tissue massage. The records do not indicate the duration, amount of previous treatment given and diagnostic studies. He currently has a post lumbar spine fusion. The medical doctor is requesting chiropractic manipulation and deep tissue massage in order to decrease the injured worker's medications and improve the quality of life. The medical doctor and the chiropractor have both requested 1 visit per week for 8 weeks consisting of 8 chiropractic manipulations and 8 deep tissue massages.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEEP TISSUE MASSAGE QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MASSAGE THERAPY, 60

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 60

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The request for treatment of 8 massage visits does not follow the MTUS Chronic Pain Guidelines and therefore is denied.

CHIROPRACTIC VISITS QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-60

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success; if return to work (RTW) is achieved then 1-2 visits every 4-6 months. The request for 8 chiropractic manipulations does not follow the MTUS Chronic Pain Guidelines and is therefore denied.