MAXIMUS Federal Services

Case Number:	CM14-0007962		
Date Assigned:	02/10/2014	Date of Injury:	12/11/2000
Decision Date:	07/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	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 Occupational 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 patient is a 51 year old male who has filed a claim for thoracic and lumbar intervertebral disc syndrome associated with an industrial injury date of December 11, 2000. A review of the medical records provided for review notes flare ups and increasing mid and low back pain radiating to the buttocks, hips, and legs. The patient reports that pharmaceutical treatment alone does not allow for functionality. Findings include provocative tests that suggest right cervical radiculopathy and bilateral lumbar radiculopathy. Treatment to date has included opioids, muscle relaxants, hot and cold patches, use of inversion table, chiropractic therapy, physical therapy, and massage. A utilization review from December 24, 2013 denied the request for chiropractic x 8 and massage x 2 as the patient has had a total of 8 chiropractic sessions, 8 physical therapy sessions, and 6 massage treatments since July 2013. The treatments have produced only temporary relief without evidence of significant and prolonged functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC X 8: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. This patient has had 8 previous chiropractic therapy sessions. The patient reports that chiropractic treatment reduces symptoms when uncontrolled by medications, such as during exacerbations. However, the body part to which these therapy sessions are directed to is not specified. Therefore, the request for chiropractic x 8 is not medically necessary.

PHYSICAL THERAPY X8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Pages 98-99 of the MTUS Chronic Pain Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. ODG recommends 10 visits for lumbar intervertebral disc disorders. In this case, the patient has had 8 physical therapy visits in the past. There is no documentation regarding the functional benefits derived from these sessions. The functional benefits to be derived from these sessions are also not documented. In addition, additional physical therapy visits will exceed the guidelines' recommendations, and the body part to which these sessions are directed to is not specified. Therefore, the request for physical therapy x 8 is not medically necessary.

MASSAGE X 2: Upheld

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

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

Decision rationale: Page 60 of the MTUS Chronic Pain Guidelines states that massage therapy is recommended as an adjunct to other recommended treatment, limited to 4 to 6 visits. There is lack of long-term benefits, and treatment dependent should be avoided. The strongest evidence for benefits is for stress and anxiety reduction. The patient has had 6 massage therapy visits since July 2013. There is no documentation regarding the benefits derived from these sessions. Also, there lack of evidence for long-term benefits. Additional sessions will exceed guideline recommendations, and the body part to which these sessions are directed to is not indicated. Therefore, the request is not medically necessary.