

<b>Case Number:</b>	CM14-0108274		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/04/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 62-year-old female born on [REDACTED]. On 04/04/1997, while working in the school cafeteria and doing a lifting/twisting activity, she developed persistent back pain and radicular pain down her left leg to the calf. She has treated with conservative measures to include chiropractic care, physical therapy, aqua therapy, epidurals, massage, ice, rest, and TENS unit. She underwent laminectomy at L4-5 on October 1998. The earliest dated clinical documentation provided for this review is the physician' PR-2 of 01/24/2013, which reports the patient remained significantly disabled with limited ability to physical activities and required frequent rest and ice treatments. On 01/24/2013 she reported back pain currently 7/10 and ranging 6-8/10. She reported having treated with chiropractic and massage. The patient was reportedly benefited from additional chiropractic manipulation and continuing with ongoing massage with benefit. In medical follow-up on 05/23/2013 chronic back pain was 6/10, on 07/18/2013 back pain was 5-6/10, on 08/22/2013 back pain was 5-6/10, and on 11/07/2013 back pain was 5-6/10. Reports of 05/23/2013, 07/18/2013, 08/22/2013, and 11/07/2013 each report the patient benefited from additional chiropractic manipulation and continuing with ongoing massage. In medical consultation on 01/08/2014, the patient reported constant low back, left hip and left pain rated 6/10. By examination on 01/08/2014 flexion was 80, extension was 30, oblique extension was 30, rotation was 45, seated and supine SLR negative on right and positive on left, lower extremity sensation diminished to light touch in legs left> right, lower extremity DTRs 2+, and non-antalgic gait with ability for heel and toe rise. The patient was diagnosed with lumbar region post laminectomy syndrome. On 02/12/2014 the patient reported constant back pain rated 5/10. On 04/10/2014 the patient reported constant back pain rated 6/10. On 06/18/2014 she reported constant lower back pain rated 5/10. By examination the patient was non-antalgic gait with ability for heel and toe rise, tender to palpation of right lumbar spine, and range of motion full in

all planes and associated with increase in pain with flexion and rotation. The medical provider requested authorization for 20 visits for chiropractic/massage therapy. Although the patient has a history of numerous chiropractic and massage treatments, no chiropractic or massage treatment documentation was provided for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Chiropractic / Massage therapy x20 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual and Manipulation Therapy/ Massage Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Massage Therapy Page(s): 58-60, 60.

**Decision rationale:** The request for 20 additional chiropractic and massage treatment visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. MTUS (Medical Treatment Utilization Guidelines) reports massage therapy is recommended as an option when used as an adjunct to other recommended treatment (e.g. exercise) and treatment should be limited to 4-6 visits in most cases. This patient has treated with an unreported number of chiropractic and massage visits without record of response to care. There is no evidence that massage therapy was utilized as an adjunct to other recommended treatment (e.g. exercise). Although medical reports noted the patient benefited from continued chiropractic and massage therapy, there is no documentation of measured objective functional improvement with past chiropractic or massage therapy treatments, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for 20 additional chiropractic and massage treatment visits exceeds MTUS recommendations and is not supported to be medically necessary.