

<b>Case Number:</b>	CM14-0017800		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and 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 patient is a 63-year-old female who was injured on 03/22/2012 while performing her customary work related duties. The mechanism of injury is unknown. Prior treatment history has included 26 sessions of chiropractic care and physical therapy. PR2 dated 01/27/2014 states the patient presents flare up has occurred because she has taken on more tasks at home since her husband had surgery. The patient reports frequent, slight to moderate lumbar pain. She has had much improvement in her ADL's and has experienced a decreased in pain and increase in mobility. Her activities have become hindered as she has had a flare up of her symptoms altering her ability to bend forward, sitting, lifting, exercise, and yard work. Her pain frequency is 75% of the day and rates the intensity of the pain a 7/10 while she is active. On exam, she has restricted aberrant intervertebral range of motion of the lumbar spine exhibiting flexion to 70/90; extension 15/30; left lateral flexion to 10/20; right lateral flexion to 5/20; left rotation to 10/30; right rotation 30/30; LeSegue's is 2+ on the right with pain at L4; Ely's +2 left +1 on the right with pain at L5; Kemp's is +2 bilaterally with pain at L5; Patrick Fabere's is +1 on the left with pain at L5. Diagnoses are other symptoms referable to back, sacroilitis, sacrum disorders and sciatica. The treatment plan includes a request for continued care with chiropractic visits, a gym membership, massage therapy once a week for six weeks and acupuncture. Her current treatment has been successful in the goal for improving function to her pre-flare up status and decreasing the need and frequency of treatment, which is the primary focus of treatment. Prior UR dated 02/05/2014 states the request for additional 6 sessions of chiropractic care is non-certified, as the ODG guidelines do not support massage therapy as treatment for chronic back pain alone. There is no evidence documenting the patient's participation in an exercise program and its effectiveness in improving function.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CHIROPRACTIC TREATMENT 6 VISITS FOR THE LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** As per the California MTUS guidelines, manual therapy is "recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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." In this case, the progress report dated 01/27/2014 indicates that the examinee had flare up of symptoms after doing everyday tasks at home since her husband had surgery. For chronic pain, the guidelines recommend a total of 24 sessions of chiropractic treatment. However, the prior UR report dated 02/05/2014 indicates that the patient already completed 26 sessions of chiropractic treatment till date, which exceeds the guidelines recommendation. Also, it is unclear if the prior treatment resulted in any objective functional improvement. The request is for 6 sessions of chiropractic treatment since the patient had flare-up of symptoms. However, for flare-ups, guidelines recommend reevaluation of treatment success, if RTW achieved then 1-2 visits every 4-6 months. Therefore, the request for chiropractic treatment six visits for the low back is not medically necessary and appropriate.

### **MASSAGE THERAPY 6 VISITS FOR THE LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Massage.

**Decision rationale:** According to the Official Disability Guidelines (ODG), massage therapy is recommended in conjunction with recommended exercise programs. In this case, the patient has chronic low back pain and previously has been treated with physical therapy and chiropractic treatment. The massage therapy is usually provided along with physical therapy and there is no documentation of objective functional improvement with prior completed physical therapy and chiropractic treatment. The medical records submitted for review do not document that the patient is actively participating in an exercise program. Therefore, the request for massage therapy, six visits is not medically necessary and appropriate.

