

Case Number:	CM14-0183730		
Date Assigned:	11/10/2014	Date of Injury:	10/29/2012
Decision Date:	12/18/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/05/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain, posttraumatic headaches, contusion of the face, and contusion of the teeth reportedly sustained in an industrial injury of October 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; opioid therapy; earlier cervical fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve request for massage therapy and chiropractic manipulative therapy for the hip and cervical spine. It was not clearly stated whether the applicant had or not had previous manipulative treatment and/or massage therapy. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was on Norco for pain relief, it was acknowledged. There was limited cervical range of motion. The applicant was placed off of work, on total temporary disability. The applicant was again placed off of work, on total temporary disability; on June 11, 2014 progress note. The applicant complained of severe, 10/10 pain at this date. Norco was again renewed. On August 6, 2014, the applicant again reported ongoing complaints of neck, low back, and hip pain. The applicant was using a cane to move about. The applicant was placed off of work, on total temporary disability. Hot, cold, and ultrasound therapy-six sessions- were sought. The manipulative therapy and massage therapy at issue were sought via on October 1, 2014, Request for Authorization (RFA) form, the claims administrator noted in its Utilization Review Report. In a progress note dated September 3, 2014, the applicant was again placed off of work. The applicant was asked to continue manipulative therapy as of this point in time and continuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message, Chiro-physiotherapy Rehabilitation 3xWk x 2Wks Right Hips, Cervical Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Manual Therapy and Manipulation topic, Massage Therapy topic Page(s): 98.

Decision rationale: While page 60 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that massage therapy is recommended as an option, page 60 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that massage treatment should be limited to 4 to 6 visits in most cases. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines also states that massage should be employed only as an adjunct to other recommended treatments, such as exercise, noting that dependence on passive interventions such as massage should be avoided. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicant who have demonstrated treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. It did not appear that the applicant has demonstrated success with earlier chiropractic manipulative therapy in unspecified amounts over the course of the claim. Finally, the attending provider's pursuit of two separate passive modalities, manipulative therapy and massage therapy, on October 1, 2014, coupled with the attending provider's earlier pursuit of hot therapy, cold therapy, and ultrasound therapy on an earlier progress note of August 6, 2014, are at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that passive modalities and passive interventions should be used "sparingly" during the chronic pain phase of the claim. Therefore, the request is not medically necessary.