

Case Number:	CM14-0022894		
Date Assigned:	06/11/2014	Date of Injury:	01/06/1993
Decision Date:	07/15/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/24/2014

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 66 year old male/female who was injured on 01/06/1993. Mechanism of injury is unknown. Prior treatment history has included the following medications: ibuprofen 400 mg, Zanaflex 4 mg, tizanidine hydrochloride 4 mg and ibuprofen 800 mg. The patient had received chiropractic, physical therapy and massage treatments with an unknown number, duration or dates. Progress report dated 01/14/2014 documented the patient had complaints of recurrent tightness and pain in his right lower back which decreases in intensity with treatment. It is related to daily activity. The patient continues to note stability of his overall condition with twice per month frequency of massage therapy. Objective findings on examination of the lumbar spine reveal tenderness in his lower back. There is hypomobility intersegmentally typically at T5-6 and L4-L5 segments. He continues to demonstrate some reduced mobility and tenderness in the mid cervical area with intersegmentally hypomobility at the upper and mid cervical area at times. Diagnoses: 1) Chronic cervical sprain. 2) Chronic thoracic sprain 3) Chronic lumbar sprain. Treatment Plan: 1. Chiropractic care once every week 2. Massage therapy two visits 3. RFA dated 01/14/2014 revealed manipulation and soft tissue mobilization every three weeks, massage therapy two times per month. Progress report dated 02/11/2014 revealed the patient had complaints of neck pain that is rated at 6/10 on VAS scale. The pain in the right foot is increased which is now rated 6/10. Objective findings on examination reveals the range of motion of the cervical spine flexion, rotation and lateral rotation are all limited to 60% of normal due to cervical myofascial pain and spasm. Deep palpation of the trapezius and levator scapulae muscles reveal significant spasm and twitching of the muscle bellies. There is also significant point tenderness at various points along the muscles as well as deep cervical fascia. Extension causes facet loading pain and palpation of the cervical facets also elicit facet tenderness. On ipsilateral rotation with flexion the patient is able to elicit radicular pain into the arm. Motor

examination is 3/5 in bilateral upper extremities, pain radiating down to bilateral arm and shoulders. Sensory perception is altered to soft touch in bilateral upper extremities. Right foot painful to palpation and passive range of motion. Pain on anterior aspect of foot. Diagnoses: 1) Chronic cervical sprain. 2) Chronic thoracic sprain 3) Chronic lumbar sprain. Treatment Plan: 1. Chiropractic care once every week 2. Massage therapy two visits Utilization report dated 02/07/2014 modified the request for acupuncture 8 sessions. It is reasonable that the patient should have a trial of acupuncture therapy. The prospective request for 8 acupuncture sessions is being modified to 3 acupuncture sessions with the remaining 5 sessions being non-certified at this time. Regarding the massage therapy and request for 8 chiropractic manipulation treatments, the objective findings after chiropractic care since 07/20/2013 do not note functional improvement of massage therapy. Therefore, both requests are non-certified. The request for 1 year gym membership was denied as the gym membership would not generally be considered medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture.

Decision rationale: As per CA MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. CA MTUS and ODG state initial frequency of acupuncture, or acupuncture with electrical stimulation, may be performed to produce functional improvement in 3 to 6 treatments. Based on the fact this request exceeds the recommended guidelines for initial trial of number of sessions, the request is not medically necessary.

8 MASSAGE THERAPY VISITS: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend massage therapy as an adjunct to other treatments and it should be limited to 4-6 visits in most cases. The submitted documentation noted the patient symptoms were unchanged. The objective findings after therapeutic care since 7/2013 do not note functional improvement as a result of massage therapy. Massage therapy is not medically necessary at this time.

8 CHIROPRACTIC MANIPULATION TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. For the low back chiropractic treatment is recommended as an option for a trial of 6 visits over a 2 week period. With evidence of objective functional improvements, a total of up to 18 visits over 6-8 weeks are recommended. The request does not fall within the evidence based recommended guidelines and as such it is denied.

1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym memberships.

Decision rationale: CA MTUS guidelines do not discuss the issue. The Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) do not recommend exercise as a medical necessity unless a documented home exercise program has periodic assessments and revisions by a physician. An unsupervised gym membership, with information not flowing back to the provider, so he or she could make changes in the prescription, is not medically necessary.