

Case Number:	CM14-0068761		
Date Assigned:	07/14/2014	Date of Injury:	10/17/2009
Decision Date:	10/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/13/2014

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 Nevada. 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 records presented for review indicate that this 34-year-old female was reportedly injured on October 17, 2009. The most recent progress note, dated February 10 2014 indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated tenderness of the lower lumbar spine from L4-S1. There was decreased lumbar spine range of motion secondary to pain and there was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed a disc bulge at L4 - L5 and L5 - S1 with left-sided neural foraminal narrowing. Previous treatment is unknown. A request had been made for chiropractic care in massage therapy and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 times a week for 7 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 58-59 of 127..

Decision rationale: The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. As this request is for 14 visits without a six-day trial, this request for chiropractic treatment is not medically necessary.

Massage Therapy 2 times a week for 7 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 60 of 127..

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. As this request is for 14 visits, this request for massage therapy twice week for seven weeks is not medically necessary.