

<b>Case Number:</b>	CM14-0198293		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/23/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 licensed in Chiropractry (DC) 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 injured worker is a 46 year old female who reported neck, mid back and low back pain from injury sustained on 06/23/09. Mechanism of injury is not documented in the provided medical records. Patient is diagnosed with lumbar and cervical disc disease. Patient has been treated with medication, epidural injection, physical therapy, chiropractic, and status post C4-5 total disc arthroplasty. Per medical notes dated 10/16/14, patient returns today indicating she continues to have chronic pain in the neck, upper back, and low back with pain involving the right arm as well as pain extending down both right and left legs. Patient indicates her pain is 5/10 and is brought on with such activities as bending, lifting, twisting, prolonged sitting in chairs and walking. Examination revealed decreased range of motion of the cervical and lumbar spine secondary to pain. Examination revealed, positive tenderness to palpation of the cervical and paraspinous muscle spasms, primarily on the left side; there is positive tenderness and spasms of the right sided trapezi and lumbar spine paraspinal muscles. Provider requested additional 1-2X6 Chiropractic and massage for cervical spine and lumbar spine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro/massage therapy 1-2 times a week for 6 weeks for the cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Message therapy Page(s): 58-60.

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

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 1-2X 6 chiropractic and massage sessions for cervical and lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Massage therapy is not supported for chronic phase of treatment as it is a passive modality. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 1-2X6 Chiropractic visits are not medically necessary.