

Case Number:	CM14-0204782		
Date Assigned:	12/17/2014	Date of Injury:	04/07/1999
Decision Date:	02/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal 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 injured worker (IW) is a 69-year-old man with a date of injury of April 7, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are failed back surgery syndrome; myofascial pain; and low back pain. According to the May 29, 2014 progress note, the treating physician requests authorization for 12 visits of massage and chiropractic therapy each once a week for 3 months. A follow-up note dated July 24, 2014 reveals the IW is doing extremely well with the aggressive physical therapy (PT) and chiropractic care. According to a September 22, 2014 note, the IW was approved for an additional 6 sessions of massage therapy and chiropractic care. Pursuant to the progress note dated October 20, 2014, the IW is doing extremely well with the aggressive physical therapy and chiropractic care. He has reduced his medications dramatically. He is still using Norco up to 8 a day, and no longer needs Senekot. He has reduced his Soma by 50%. Physical examination reveals tenderness to palpation to the bilateral lumbosacral musculature. Lumbar range of motion is painful with rotation, flexion, extension, lateral bending. Sensory exam was normal. The documentation indicated the IW has had at least 18 sessions of massage therapy and chiropractic care. There was no evidence of objective functional improvement associated with chiropractic care and massage therapy. There were no PT notes in the medical record. The current request is for massage therapy 1 times a week for 12 weeks, and chiropractic manipulation 1 time a week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 1 Time A Week for 12 Weeks: Upheld

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

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); Pain Section, Massage Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy one time per week for 12 weeks is not medically necessary. Massage therapy is recommended as an option in conjunction with an exercise program. It is recommended for chronic pain if caused by musculoskeletal conditions. Therapeutic care-trial of six over two weeks; with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks may be necessary. In this case, the injured worker is 69 years old with a date of injury April 7, 1999. Documentation pursuant to a July 2014 progress note indicates the patient is doing well after physical therapy and chiropractic therapy. Medications have been reduced. The injured worker produces Soma by 50%. The injured worker is taking Norco eight tablets per day. The documentation from September 22, 2014 note indicates the treating physician requested six additional chiropractic and massage therapy visits that were authorized. There is no chiropractic or massage therapy documentation indicating objective functional improvement. The injured worker received, at a minimum, 18 massage therapy visits. Additionally, there is no documentation regarding exacerbation of symptoms or signs. Consequently, absent the appropriate clinical indications/rationale and evidence of objective functional improvement, massage therapy one time per week for 12 weeks is not medically necessary.

Chiropractic Manipulation 1 Time A Week for 12 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Chiropractic Treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, chiropractic manipulation one time a week for 12 weeks is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration for chiropractic manipulation. Therapeutic care mild up to six visits over two weeks. Severe-trial of six visits over two weeks; with evidence of objective functional improvement, update 18 visits over 6 to 8 weeks may be necessary; avoid chronicity. Elective/maintenance care is not medically necessary. In this case, the injured worker is 69 years old with a date of injury April 7, 1999. Documentation pursuant to a July 2014 progress note indicates the patient is doing well after physical therapy and chiropractic therapy. Medications have been reduced. The injured worker produces soma by 50%. The injured workers taking Norco eight tablets per day. The

documentation from September 22, 2014 note indicates the treating physician requested six additional chiropractic and massage therapy visits that were authorized. There is no chiropractic or massage therapy documentation indicating objective functional improvement. The documentation indicates the injured worker received, at a minimum, 18 chiropractic visits. Additionally, there is no documentation regarding exacerbation of symptoms or signs. Elective/maintenance care is not medically necessary. Consequently, absent the appropriate clinical indications/rationale and evidence of objective functional improvement, chiropractic therapy one time per week for 12 weeks is not medically necessary.