

Case Number:	CM15-0137752		
Date Assigned:	07/27/2015	Date of Injury:	11/07/2013
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury to the neck and back on 11/7/13. Previous treatment included physical therapy, massage, lumbar manipulation, epidural steroid injections, transcutaneous electrical nerve stimulator unit and medications. Documentation did not disclose recent magnetic resonance imaging. The number of previous manipulation and massages was unclear. In a PR-2 dated 7/2/15, the injured worker complained of cervical spine pain rated 6/10 on the visual analog scale with radiation to bilateral upper arms, thoracic spine rated 7/10, lumbar spine rated 4-8/10 with radiation to bilateral legs and left shoulder pain. Physical exam was remarkable for decreased and painful thoracic spine and lumbar spine range of motion with positive bilateral Kemp's test and degreased patella and Achilles's reflexes. Current diagnoses included shoulder tendonitis, lumbar facet syndrome, lumbar retrolisthesis and degeneration of lumbar disc. The treatment plan included manipulation for the lumbar spine and massage for the cervical spine twice a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation 2 x 2 weeks, lumbar: 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 Page(s): 58-60 of 127.

Decision rationale: Regarding the request for manipulation, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

Massage therapy 2 x 2 weeks, cervical: 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 Page(s): 60 of 127.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no evidence of objective functional improvement from the therapy sessions already provided. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.