

Case Number:	CM15-0182846		
Date Assigned:	09/23/2015	Date of Injury:	05/29/2002
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

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:

The injured worker is a 62 year old female who sustained an industrial injury on 5-29-2002. A review of medical records indicates the injured worker is being treated for lumbosacral sprain, cervical myofasciitis, and headache. Medical records dated 9-2-2015 noted severe mid and low back pain with spasm. Activities of daily living have become extremely difficult. Physical examination noted a positive Kemp's, Milgram's, Laseque's sign, and Yeoman's test. Her cervical, thoracic, and lumbar paraspinals were in severe spasm. Treatment has included chiropractic care and massage. RFA dated 9-2-2015 request 7 treatments of chiropractic and massage. Utilization review modified chiropractic-physical therapy treatment x 7 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic / PT treatment times 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 and continues to be treated for back pain. When seen, she was having severe mid and low back pain with spasms. Permanent disability was being determined. Activities of daily living had become extremely difficult. Physical examination findings included severe paraspinal spasms throughout the spine. Yeoman, Lasegue, Milgram's, and Kemp's testing was positive. The assessment references chiropractic treatments and massage as being the only significant means of relief over the years and those flare-ups had responded well to prior treatments. Being requested is authorization for seven chiropractic and massage treatment sessions. Case notes reference approval for four chiropractic treatments in February 2015. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For recurrent flare-ups, if return to work has been achieved, then 1-2 visits every 4-6 months can be recommended. In this case, the claimant is considering permanent disability. The number of visits being requested is in excess of the guidelines recommendation. The request is not medically necessary.