

Case Number:	CM15-0192262		
Date Assigned:	10/06/2015	Date of Injury:	11/16/2014
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: Chiropractor

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 sustained an industrial injury on 11-16-14. A review of the medical records indicates she is undergoing treatment for lumbosacral spondylosis and lumbar disc displacement without myelopathy. Medical records (2-13-15 to 8-12-15) indicate ongoing complaints of lower back pain with radiation into the left lower extremity. She complains of radicular symptoms in the anterior and medial aspect of her left upper leg, which is noted to "stop" above the knee. She also reports "increased" muscle spasms in her low back and into her left thigh. She reports the pain is made worse by extended periods of walking or sitting. It is made better with rest, medications, and "epidural injections". The physical exam (8-12-15) reveals a normal gait. Muscle tone is "normal without atrophy" in bilateral upper and lower extremities. Strength testing reveals "5 out of 5" of bilateral upper and lower extremities. Diagnostic studies have included x-rays of the lumbar spine, as well as an MRI of the lumbar spine. Treatment has included physical therapy, a TENS unit, a home exercise program, moist heat application, oral medications, Toradol injections, and a transforaminal epidural steroid injection on 2-25-15. The epidural steroid injection is noted to have provided "40-50% pain relief, which lasted for approximately 5 months". A request for a second injection was requested and denied authorization. The treating provider indicates she may work with restrictions of lifting no greater than 10 pounds and no repetitive bending of the lumbar spine or pulling and pushing requiring more than 20 pounds of force. The provider states that if modified work is not available, she would be on total temporary disability. The treatment recommendations are for 6

sessions of massage therapy and 6 sessions of chiropractic treatment. The utilization review (8-31-15) indicates denial of the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 6, low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

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

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, injections, physical therapy, TENS unit, and home exercises. Current request include massage therapy and chiropractic. Reviewed of the evidences based MTUS guidelines noted massage therapy might recommended in adjunct to other therapy, 4-6 visits. Based on the guidelines cited, the request for 6 massage therapy visits is medically necessary.

Chiropractic sessions x 6 for low back: Overturned

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

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

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, injections, TENS unit, physical therapy, and home exercises. Reviewed of the available medical records showed no history of chiropractic treatments. The request for 6 chiropractic sessions is accordant with evidences based MTUS Guidelines recommendation, therefore, it is medically necessary.