

<b>Case Number:</b>	CM15-0192484		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Oriental Medicine

### 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 60 year old female, who sustained an industrial injury on 7-9-2008. The injured worker is undergoing treatment for: cervical discogenic condition, impingement syndrome of the right shoulder, epicondylitis of the right elbow, right wrist joint inflammation, lumbar discogenic condition. On 6-11-15, she reported pain to the neck, right shoulder, right elbow and right wrist. She indicated she had difficulty with chores around the house. On 8-27-15, she reported pain to the neck, right shoulder, right elbow, and right wrist. She indicted her pain to be unchanged. Physical findings revealed her blood pressure as 151 over 79, tenderness in the neck, pain along facets and pain with facet loading. The right wrist is noted to have pain along the dorsum of the wrist. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the cervical spine (2013), neck pillow, neck traction unit, magnetic resonance imaging of the right wrist (June 2012). Medications have included: Flexeril, naproxen, trazodone, protonix, and tramadol ER. Current work status: restricted. She is reported as not currently working. The request for authorization is for: chiropractic sessions (massage therapy as well as chiropractic x 12 sessions). The UR dated 9-8-15: non-certified the request for chiropractic sessions (massage therapy as well as chiropractic x 12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic and massage therapy sessions x12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The Chronic Pain Medical Treatment guidelines recommend manual therapy and manipulation for chronic pain. According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Records indicate that the patient had at least 20 chiropractic sessions in the past. It was noted that chiropractic sessions provided some relief. There was no documentation of functional improvement. Therefore, additional chiropractic session appears not to be medically necessary at this time. In regards to massage therapy, the guideline recommends massage therapy as an option. It states that the treatment should be an adjunct to other recommended treatments (e.g. exercise) and it should be limited to 4-6 visits. The provider's request for 12 massage session exceeds the recommended guideline which is inconsistent with the evidence based guidelines and therefore is not medically necessary at this time. The guideline states that massage treatment should be an adjunct to other recommended treatments. The provider's request for chiropractic sessions was not medically necessary therefore, massage therapy is not medically necessary.