

Case Number:	CM15-0195812		
Date Assigned:	10/09/2015	Date of Injury:	10/17/2009
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 10-14-2009. The injured worker is being treated for disc bulge L4-5, musculoligamentous sprain lumbar spine, right L5 and left L4 lumbar radiculopathy and tailbone injury. Treatment to date has included physical therapy, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 9-04-2015, the injured worker presented for reevaluation. She reported constant pain in the low and middle back on the left. She indicates spasms of the low back. She is attending therapy. Objective findings included lacks 8" from touching toes. She was working regular duties. There is not documentation of the kind of therapy or any functional improvement with prior therapy. The plan of care included, and authorization was requested on 9-11-2015, for Ibuprofen 800mg #90, Tramadol 50mg #200, 8 (2x4) sessions of chiropractic treatment for the lumbar spine, and 8 (2x4) sessions of massage therapy for the lumbar spine. On 9-15-2015, Utilization Review non-certified the request for 8 (2x4) sessions of chiropractic treatment for the lumbar spine, and 8 (2x4) sessions of massage therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times 4 for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines: Therapeutic care.

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

Decision rationale: The injured worker sustained a work related injury on 10-14-2009. The medical records provided indicate the diagnosis of disc bulge L4-5, musculoligamentous sprain lumbar spine, right L5 and left L4 lumbar radiculopathy and tailbone injury. Treatment to date has included physical therapy, medications and diagnostics. The medical records provided for review do not indicate a medical necessity for Chiro 2 times 4 for lumbar spine. The medical records indicate the injured worker was not working during the 06/15 visit, she was not attending therapy (the note also stated therapy is not helping), she was placed on chiropractic care that included manipulation, as well as massage therapy. During the return visit in 09/15, she was attending therapy, she was working and she was requested for chiro 2 times for lumbar to include manipulation. Therefore based on the above documentation, she has improved with treatment; however, the documentation of 06/2015 makes it impossible to determine the number of visits she has received, as this was not stated in the records. Also, the records do not indicate whether she received active chiropractic care as well as passive therapy. The manipulation form of chiropractic care follows the manual and manipulation therapy guidelines of Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks; while active chiropractic care follows the physical medicine guidelines of fading treatment of 10 visits followed by home exercise program. Consequently the lack of clarity of information makes it impossible to determine the appropriate guidelines to use determining the case, based on the fact that the information does not detail whether the chiropractic care received has been manipulation form or active chiropractic care. Therefore, the request for Chiropractic 2 times 4 for lumbar spine is not medically necessary.

Massage 2 times 4 for lumbar spine: Upheld

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): Massage therapy.

Decision rationale: The injured worker sustained a work related injury on 10-14-2009. The medical records provided indicate the diagnosis of disc bulge L4-5, musculoligamentous sprain lumbar spine, right L5 and left L4 lumbar radiculopathy and tailbone injury. Treatment to date has included physical therapy, medications and diagnostics. The medical records provided for review do not indicate a medical necessity for Massage 2 times 4 for lumbar spine. The medical records indicate the injured worker was not working during the 06/15 visit, she was not attending therapy (the note also stated therapy is not helping), she was placed on chiropractic care that included manipulation, as well as massage therapy. During the return visit in 09/15, she was attending therapy, she was working and she was requested for Massage 2 times 4 for lumbar

spine. One does not know how many massage therapy visit she has received, but the MTUS recommends limiting it to 4-6 visits in most cases. Therefore, the request for Massage 2 times 4 for lumbar spine is not medically necessary.