

Case Number:	CM15-0200557		
Date Assigned:	10/15/2015	Date of Injury:	06/09/2008
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This 53 year old male sustained an industrial injury on 6-9-08. Documentation indicated that the injured worker was receiving treatment for myofascial pain, bilateral lumbar radiculitis and lumbar intervertebral disease. Recent treatment consisted of electrical stimulation, chiropractic-physical rehabilitation massage therapy, home exercise and medications. The number of recent therapy sessions was unclear. In a PR-2 dated 4-24-15, the injured worker complained of bilateral lumbar radiculitis discomfort, rated 6 out of 10 on the visual analog scale. Physical exam was remarkable for spinal "restriction and subluxation" at T4-T12 and L2-5, tenderness to palpation to the lower lumbar spine with "moderate" muscle spasms in the thoracic spine, lumbar spine, sacrum, pelvis, left buttock and bilateral lower extremities. The treatment plan included requesting six additional chiropractic-physical rehabilitation with massage therapy sessions. In a PR-2 dated 9-10-15, the injured worker injured worker complained of ongoing pain and discomfort, rated 8 out of 10. Physical exam was remarkable for was unchanged. The physician noted that lumbar spine range of motion was flexion 60 degrees, extension and right lateral bend 5 degrees and left lateral bend 10 degrees. The treatment plan included six sessions of chiropractic-physical rehabilitation with massage therapy for the lumbar spine and continuing medications (Tramadol, Flector patch and Nexium). On 9-25-15, Utilization Review noncertified a request for six sessions of chiropractic-physical rehabilitation with 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:

6 Sessions of chiropractic-physical rehabilitation with massage therapy for the 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, Manual therapy & manipulation.

Decision rationale: The claimant presented with ongoing low back pain despite ongoing treatments with medications, massage, chiro-physio rehab, and home exercises. According to the available medical records, the claimant has had ongoing treatments with chiro-physio massage since 04/24/2015. It is unclear whether the chiropractic treatment included manipulation or not. However, the request for additional 6 sessions with massage also exceeded the guidelines recommendation for massage therapy. Therefore, the request is not medically necessary.