

Case Number:	CM15-0203458		
Date Assigned:	10/20/2015	Date of Injury:	10/18/2002
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application	10/15/2015

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: Chiropractic

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 65 year old female who sustained an industrial injury on 10-18-2002. According to a progress report dated 10-05-2015, subjective findings were noted as: lumbar, sacral and pelvis; constant with dull aches that radiated to the right foot with occasional numbness in the bilateral thigh rated 4 to greater than 7 on a scale to 1-10. Symptoms were exacerbated with driving, lifting, movement, walking and bending. Chiropractic care and massage alleviated symptoms. MRI of the lumbar spine on 06-10-2008 showed small focal left paracentral disc bulge at L2-3 with an associated small annular tear that did not compress neural structures. The other lumbar disc levels were normal. Tiny hemangiomas in the T12 and L1 vertebral bodies were of doubtful clinical significance. Current medications included Norco, Aspirin and multivitamins. Assessment included radiculopathy lumbar region. Post treatment analysis included improved range of motion by 30% and decreased pain by 30%. The treatment plan included manipulation and massage 1 time a week for 2 weeks. Work status was not addressed. Documentation submitted for review included 19 chiropractic treatment notes from 04-30-2015 to 09-21-2015. An authorization request dated 10-05-2015 was submitted for review. The requested services included manipulation and massage 1 time a week for 2 weeks. On 10-08-2015, Utilization Review non-certified the request for additional manipulation once per week for 2 weeks and additional massage once per week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation once per week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received 19 chiropractic care treatments in 2015 for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided since 2002 to date are unknown and not specified in the records provided for review. Per the UR, notes reviewed an AME recommendation for 2 sessions of chiropractic care per month stands. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. Objective findings are not documented. I find that the 2 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.

Massage once per week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation http://odg-twc.com/odgtwc/Low_Back.htm.

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

Decision rationale: The patient has received massage therapy for her lumbar spine injury in the past. Per the records provided, the patient has received at least 12 sessions of massage therapy in the past year. The MTUS recommends a limited number of massage therapy sessions 4-6 sessions as an adjunct to an exercise program. This limit has been exceeded. I find that the 2 additional massage sessions requested to the lumbar spine is not medically necessary and appropriate.