

<b>Case Number:</b>	CM15-0023446		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on 06/16/2010. She has reported subsequent cervical, lumbar and knee strain, chondromalacia of the knee, cervical and lumbar disc bulge, disc degeneration, carpal tunnel syndrome and cervical radiculitis. Treatment to date has included oral pain medication and cervical epidural steroid injections. In a progress note dated 11/11/2014, the injured worker complained of continued moderate to severe low back pain radiating to the left leg and foot and neck pain radiating to the left upper extremity. Objective physical examination findings were notable for limited range of motion of the lumbar spine, positive straight leg raise bilaterally and reduced light touch sensation along the posterior aspect of the left lower extremity. A request for authorization of diagnostic phase lumbar epidural steroid injection at L5-S1. On 01/08/2015, Utilization Review non-certified a request for diagnostic phase lumbar epidural steroid injection at L5-S1, noting that the documentation did not establish a clear dermatomal distribution and that an MRI from 2011 does not note any nerve root impingement. MTUS and ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of chiropractic treatment for the lumbar and cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. . In this case, the claimant had 6 sessions of chiropractor therapy. The request for additional 6 sessions is within the guidelines amount. The claimant was noted to benefit and have increased function with chiropractor therapy. Additional 6 sessions of chiropractor therapy are appropriate and medically necessary.

**Six sessions of massage therapy for the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**Decision rationale:** Massage therapy is recommended in the guidelines. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the claimant had undergone prior physical therapy, 6 sessions of chiropractor therapy and 6 sessions of massage therapy. The request fro 6 additional massage sessions is not medically necessary.