MAXIMUS Federal Services

Case Number:	CM15-0215779		
Date Assigned:	11/05/2015	Date of Injury:	08/17/2015
Decision Date:	12/18/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45-year-old male with an industrial injury dated 08-17-2015. A review of the medical records indicates that the injured worker is undergoing treatment for strain of muscle, fascia and tendon at neck level, contusion of the right ankle, and strain of other parts of lumbar spine and pelvis. According to the progress note dated 10-02-2015, the injured worker reported pain in the neck, right hip, right knee and right ankle. Documentation (10-02-2015) noted that the X-ray of the hip, back, right knee and right foot were all negative. Pain level was 8 out of 10 on a visual analog scale (VAS). Objective findings (10-02-2015) revealed decreased cervical range of motion by 50% in all directions, pain of the left cervical, and lumbosacral spine with normal lordosis with no tenderness and full range of motion. In a progress report dated 10-23-2015, the injured worker reported constant cervical pain which has decreased since first treatment (3 out of 10 on a pain scale), thoracic (2-3 out of 10 on a pain scale) and lumbar spine (5 out of 10 on a pain scale). The injured worker reported improvement in knees and right ankle pain. The injured worker also reported numbness and tingling into bilateral fingers. Objective findings (10-23-2015) revealed decreased cervical spine range of motion in flexion 50 out of 50, extension 35 out of 60, right lateral flexion 40 out of 45, left lateral flexion 40 out of 45, right rotation 70 out of 80, left rotation "650" out of 80. Hypertonicity and upper traps tenderness was also noted on exam. Lumbar spine range of motion revealed flexion 90 out of 90, extension 25 out of 30, right lateral flexion 30 out of 35, left lateral flexion 30 out of 35, right rotation 40 out of 45, and left rotation 35 out of 40. Treatment has included diagnostic studies, prescribed medications, physical therapy x6, at least two chiropractic treatments and periodic follow up

visits. The treatment plan included continuation of care at 2 times per week for the next 4 weeks, to include myofascial release, traction and continued therapeutic exercise. The utilization review dated 11-02-2015, modified the request for manipulation and myofascial release 2 times a week for 4 weeks to the cervical, thoracic and lumbar spine (original: included exercise and traction).

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation, exercise, myofascial release and traction 2 times a week for 4 weeks to the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Neck and Upper Back, Physical therapy, Pain.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, manipulation, exercise, myofascial release and traction two times per week times four weeks to the cervical, thoracic and lumbar spine are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are sprain ligaments lumbar spine,, thoracic spine and cervical spine; and radiculopathy cervical region. Date of injury is August 17, 2015. Request for authorization is October 29, 2015. Utilization review indicates the injured worker received five prior physical therapy treatments and six chiropractic treatments. The documentation indicates six physical therapy sessions were authorized September 15, 2015. According to an October 23, 2015 chiropractic progress note, subjective complaints include ongoing neck pain although decreased since the injury. There is pain in the thoracic and lumbar spine. Objectively, there is decrease cervical range of motion and decreased range of motion lumbar spine. There is no documentation demonstrating objective functional improvement to support ongoing chiropractic treatment. With objective functional improvement, up to 18 visits may be clinically indicated. Massage therapy should be limited to 4-6 visits in most cases. The treating provider is requesting 8 sessions of myofascial release (massage therapy). It is unclear whether the injured worker received prior massage therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no

documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional chiropractic treatment is clinically indicated, manipulation, exercise, myofascial release and traction two times per week times four weeks to the cervical, thoracic and lumbar spine are not medically necessary.