

<b>Case Number:</b>	CM15-0218017		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	04/04/1995
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old, female who sustained a work related injury on 4-4-95. A review of the medical records shows she is being treated for neck and back pain. In the progress notes dated 9-16-15 and 10-21-15, the injured worker reports low back pain with bilateral leg radiation. She describes the pain as aching, numbness and tingling. She reports neck pain in trapezius area with radiation to both arms. She describes this pain as intermittent, cramping and tingling. She reports her neck is "hurting crazy." She finds the Thermacare wraps helpful with pain. Upon physical exam dated 10-21-15, she has tenderness of the paracervical muscles, the trapezius and the rhomboid muscles. She has trapezius trigger point pain. She has pain with cervical range of motion. She has tenderness of the lumbar paraspinal region, the iliolumbar area and the piriformis. Treatments have included chiropractic treatment with massage-number of sessions unknown-"responded well", physical therapy, many epidural steroid injections, cervical spine surgery, lumbar spine surgery, medications of Lidoderm patches and Lidocaine ointment and use of Thermacare wraps. Current medications include Advair diskus, Albuterol inhaler, Amitiza, Calcitrate, Carafate, Clarithromycin, Diazepam, Edecrin, Epzicom, Lidocaine ointment, Lidoderm patches, Norvir, Pantoprazole, Pataday eye drops, Polyethylene Glycol, Prezista, Prochlorperazine, Synthroid, Tamsulosin, Thermacare wraps, Veramyst and Voltaren gel. No notation on working status. The treatment plan includes requests for Thermacare wraps and chiropractic treatments with massage. The Request for Authorization dated 10-21-15 has requests for Thermacare bandages and chiropractic and massage referral. In the Utilization Review dated 10-28-15, the requested treatments of chiropractic and massage are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic and massage within the Provider's discretion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with neck and back pain. The current request is for Chiropractic and massage within the provider's discretion. The treating physician's report dated 10/21/2015 (11B) states, "Another treatment option she responded well to is chiro with massage." Chiropractic treatment reports were not provided for review. The number of treatments the patient has received to-date was not documented. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. It is not recommended for the ankle, foot, forearm, wrist and hand and knee. MTUS also states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits for a total of up to 24." For Massage Therapy, the MTUS Guidelines page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment dependence should be avoided. In this case, while continued chiropractic therapy may be warranted to address the patient's current symptoms, the request does not specify the number of treatments. MTUS recommends an initial 12 and an additional 12 visits when functional improvement is documented. In addition, massage therapy is limited to 6 visits. Therefore, given the lack of specificity as to the number of requested sessions for either Chiropractic Therapy or Massage Therapy, the current request is not medically necessary.