

<b>Case Number:</b>	CM15-0032224		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/17/1996
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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:

This 69 year old female sustained an industrial injury on 6/17/96. She subsequently reports chronic neck and back pain as well as headaches. Diagnoses include cervicgia, cervical radiculopathy, cervical spinal stenosis and post cervical spine surgery syndrome. The injured worker has undergone spine surgeries as well as left shoulder and right hip surgery. Treatments to date have included physical therapy, injections and prescription pain medications. On 1/15/15, Utilization Review non-certified a request for Message Therapy 30 minutes 2 times a week for 2 weeks and Manipulation therapy 30 minutes 2 times a week for 2 weeks. The Message Therapy 30 minutes 2 times a week for 2 weeks and Manipulation therapy 30 minutes 2 times a week for 2 weeks were denied based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Message Therapy 30 minutes 2 times a week for 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.

**Manipulation therapy 30 minutes 2 times a week for 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 399.

**Decision rationale:** According to guidelines chiropractic manipulation in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. Based on medical records there is no documentation of improvement and thus is not medically necessary.