

<b>Case Number:</b>	CM15-0034371		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	05/06/1996
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female, who sustained an industrial injury on 5/6/1996. On 2/23/15, the injured worker submitted an application for IMR for review of 4 chiropractic manipulation sessions, and 4 massage therapy sessions both services between 11/12/14 and 3/30/15. The treating provider has reported the injured worker complained of recurrent low back pain and limping due to the back pain. The diagnoses have included right paracentral disc herniation L5-S1, degenerative disc disease L4-L5 and L5-S1; sciatica. Treatment to date has included chiropractic care; physical therapy. On 1/31/15 Utilization Review MODIFIED 4 chiropractic manipulation sessions, and 4 massage therapy sessions, both services between 11/12/14 and 3/30/15 and allowed 2 sessions of chiropractic manipulation sessions and 2 sessions massage therapy sessions. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 chiropractic manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation.

**Decision rationale:** ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated". Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care" Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care" Not medically necessary. Recurrences/flare-ups" Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months". Medical documents indicate that patient has chronic pain, guidelines recommend 1-2 visits every 4-6 months for flare ups. Medical records indicate that this patient has already attended 2 chiropractic sessions. The treating physician fails to provide a rationale behind treatment in excess of guidelines. As such, the request for 4 chiropractic manipulation sessions is not medically necessary.

**4 massage therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Massage Therapy, Manual Therapy.

**Decision rationale:** MTUS states regarding massage therapy, "Recommended as an option as indicated below. 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". ODG offers additional frequency and timeline for massage therapy by recommending: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The patient has had positive results with the massage therapy. Medical documents provided indicate this patient has attended 2 massage therapy sessions, the request for 4 additional sessions would be within guidelines, totaling six. As such, the request for 4 massage therapy sessions is medically necessary.