

Case Number:	CM15-0037691		
Date Assigned:	03/06/2015	Date of Injury:	01/27/1998
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 66-year-old male who reported an injury on 01/27/1998. The mechanism of injury was not stated. The current diagnoses include chronic cervical intervertebral disc syndrome, thoracic facet syndrome, cervical migraine, status post C6-7 ACDF on 08/06/2010, lumbar intervertebral disc disorder, status post rotator cuff repair, and left carpal tunnel syndrome. The injured worker presented on 01/23/2015 for a follow-up evaluation with complaints of a flare up of pain. The injured worker reported constant cervical pain, thoracic pain, and lumbosacral pain. The current medication regimen includes Norco, Cymbalta, Opana, and Ambien. Upon examination of the cervical spine, there was 36 degrees flexion, 10 degrees extension, 30 degrees left rotation, 20 degrees right rotation, tenderness to palpation, 2+ deep tendon reflexes, 4/5 motor weakness in the upper extremities, and a positive vertex compression test. Examination of the lumbar spine revealed 42 degrees flexion, 0 degrees extension, 5 degrees left lateral bending, 10 degrees right lateral bending, and positive bilateral straight leg raises. Recommendations at that time included manipulation and massage therapy once per week for 2 weeks. A Request for Authorization form was then submitted on 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. In this case, it was noted that the injured worker has previously participated in chiropractic therapy without any evidence of objective functional improvement. Additionally, the request as submitted failed to indicate a specific body part. Given the above, the request is not medically appropriate.

2 sessions of massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Myotherapy.

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

Decision rationale: The California MTUS Guidelines recommend massage therapy as an option as indicated. Treatment should be in adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. There was no documentation of objective functional improvement following the initial course of treatment. There was no indication that this injured worker is currently participating in an exercise program to be used as an adjunct with massage therapy. The request as submitted also failed to indicate a specific body part. Given the above, the request is not medically appropriate.