

Case Number:	CM15-0060866		
Date Assigned:	04/07/2015	Date of Injury:	08/04/2013
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old male, who sustained an industrial injury on 08/04/2013. He reported an injury to his back. The injured worker is currently diagnosed as having thoracolumbar strain, chronic low back pain, and intermittent right lower extremity radiculopathy. Treatment to date has included lumbar spine MRI, exercises, physical therapy, chiropractic treatment, epidural steroid injection, acupuncture, massage therapy, and medications. In a progress note dated 03/03/2015, the injured worker presented with complaints of lower back pain and right radicular symptoms. According to workers compensation aftercare instructions dated 02/19/2015, the treating physician reported referred the injured worker for massage therapy and chiropractic treatment. The patient was determined to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 8 sessions: Upheld

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

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

Decision rationale: Massage therapy x 8 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The MTUS states that many studies lack long-term follow up. Massage 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. The documentation does not indicate why the patient requires 8 massage sessions which exceeds guideline recommendations and is a passive intervention without evidence of long term efficacy. The request for 8 massage therapy sessions is not medically necessary.

Chiropractic therapy x 8 sessions: 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 Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Chiropractic therapy x 8 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the patient can have a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The MTUS does not support elective/maintenance care. The MTUS states that for recurrences/flare-ups if there is return to work then 1-2 visits every 4-6 months. The request is not medically necessary as the patient has already had prior chiropractic care and the MTUS does not support maintenance care which is what the aftercare instructions dated 2/19/15 suggested for this patient. Additionally, the request for 8 sessions exceeds the 6 visit trial recommendation. The request for chiropractic therapy x 8 sessions is not medically necessary.