

Case Number:	CM15-0062669		
Date Assigned:	04/08/2015	Date of Injury:	11/19/1989
Decision Date:	05/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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: North Carolina, Georgia
 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 67 year old male sustained an industrial injury on 11/19/89. He subsequently reported low back pain. Diagnoses include lumbalgia, lumbar IVD syndrome and lumbar sacral radiculitis. Treatments to date have included chiropractic care, massage therapy, TENS unit and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Chiropractic Spinal Adjustments with traction (x2-3) and Massage Therapy (x2-3) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Spinal Adjustments with traction (x2-3): 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 Section Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case, the request is for 2-3 sessions for flare of pain which exceeds the recommended 1-2 sessions q 4-6 months for flare of pain. Chiropractic therapy as requested is not medically necessary.

Massage Therapy (x2-3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 60.

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The claimant has already been treated with more than 6 sessions of massage therapy in the past and the request for 2-3 more sessions of massage therapy is not medically indicated.