

<b>Case Number:</b>	CM15-0083101		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/24/1977
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Internal Medicine, Rheumatology

### 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 78-year-old male, who sustained an industrial injury on 5/24/1977, while unloading a cast iron pipe. The injured worker was diagnosed as having lumbar disc degeneration, lumbar spondylosis, and post laminectomy syndrome (lumbar). Treatment to date has included lumbar surgery in 1977 and chiropractic treatments (unspecified amount in 2014 and 2015). Currently, the injured worker complains of constant moderate to severe low back pain, with radiation to the right gluteal area. Medication use was not described. A general pain disability questionnaire noted total inability to function for recreation 10/10, moderate inability with family/home responsibilities 5/10, and moderate self-care deficit 4/10. He was retired. The treatment plan included a request for chiropractic manipulative therapy and myofascial release x6, over a one-month period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 chiropractic manipulative therapy 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 and Manipulation Page(s): 58.

**Decision rationale:** This 78 year old male has complained of low back pain since date of injury 5/24/77. He has been treated with surgery, physical therapy, chiropractic therapy and medications. The current request is for 6 chiropractic manipulative therapy sessions. Per the MTUS guidelines cited above, chiropractic manipulation for the treatment of low back pain may be recommended, initially as a trial of 6 visits over 2 weeks. If there is evidence of objective functional improvement with the chiropractic sessions, a total of up to 18 visits over 6-8 weeks may be performed. According to the available medical records, the patient has received 21 chiropractic sessions thus far. The medical rationale for continuing the chiropractic sessions is not adequately documented. Based on the available medical records and per the MTUS guidelines cited above, 6 chiropractic manipulative therapy sessions are not indicated as medically necessary.

**6 myofascial release:** Upheld

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

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

**Decision rationale:** This 78 year old male has complained of low back pain since date of injury 5/24/77. He has been treated with surgery, physical therapy, chiropractic therapy and medications. Per the MTUS guidelines cited above, myofascial release/ massage therapy may be recommended and if used, should be an adjunct to other recommended treatment (e.g. exercise). There is inadequate documentation in the available medical records that the planned massage therapy will be used as an adjunct to other treatments. On the basis of the available medical records and per the MTUS guideline cited above, 6 myofascial release sessions/massage therapy is not indicated as medically necessary.