

Case Number:	CM15-0084576		
Date Assigned:	05/06/2015	Date of Injury:	07/06/2013
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, California
 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 is a 54 year old female patient who sustained an industrial injury on 7/6/2013. Her diagnoses include multiple lumbar/thoracic/sacral disc bulges; lumbar disc herniations; synovial cyst at the lumbosacral facet joint; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; and musculoligamentous sprain of the bilateral hips. Per the progress report dated 4/21/2015, she had complaints of mid and low-back pain that increased with activity. Physical examination revealed tenderness, to percussion, over the lower thoracic spine. The current medications list includes ibuprofen and omeprazole. No current imaging studies are noted. Her treatments have included chiropractic and massage therapies (24 massage and 24 chiro visits authorized in 2014); physical therapy; home exercise program; modified work duties as well as a return to full duty work; and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 massage therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: Request: 8 massage therapy sessions for the lumbar spine. Per the CA MTUS guidelines, regarding massage therapy "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." "Furthermore, 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." Patient has had chiropractic and massage therapies (24 massage and 24 chiro visits authorized in 2014) for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous massage therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. 8 massage therapy sessions for the lumbar spine is not medically necessary for this patient.

8 chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Request: 8 chiropractic treatments for the lumbar spine. Per the cited guidelines regarding chiropractic treatment, "Elective/maintenance care; Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had chiropractic and massage therapies (24 massage and 24 chiro visits authorized in 2014) for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous massage/chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. 8 chiropractic treatments for the lumbar spine is not medically necessary for this patient.