

<b>Case Number:</b>	CM14-0135022		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37 year old male who sustained work-related injuries on July 16, 2012. Records dated May 2, 2014 indicated that the injured worker complained of constant low back pain with radiculopathy. Tenderness was noted at the lumbar spine with spasm. Range of motion was limited and sensation was decreased at the L5-S1 dermatomes. An electromyography (EMG)/nerve conduction studies (NCV) performed on May 21, 2014 indicated no abnormalities in his results. Per records dated June 2, 2014, the injured worker complained of constant low back pain that radiates to his bilateral lower extremities which was accompanied with intermittent numbness. His pain was described as aching, throbbing, and moderate to severe in severity. Pain was aggravated by activity, bending, prolonged sitting, and sitting. He reported mild difficulty in sleep. He rated his pain as 10/10 with medications. He reported that he had a prior physical therapy which provided limited benefit. On examination, tenderness was noted at the bilateral L5-S1 paravertebral area. His range of motion was decreased due to pain. Pain was significantly increased with flexion and extension. His sensation was decreased to touch along L5-S1 dermatomes in the left lower extremity. A motor exam showed decreased strength of the extensor muscles along the L5-S1 dermatome in the bilateral lower extremities. A straight leg raising test was positive on the left for radicular pain at 50 degrees. On August 11, 2014, medical records documents that the injured worker complained of constant low back pain that radiates to the bilateral lower extremities and left foot. The pain was accompanied with intermittent numbness in the bilateral lower extremities and described it as aching, throbbing, and moderate in severity. Pain was aggravated by activity, bending, and prolonged sitting. He also has mild difficulty in sleep. He rated his pain with medications as 2/10 and without medications rated it as 4/10. A lumbar spine examination noted tenderness in the bilateral paravertebral area L5-S1. His range of motion was decreased in flexion and extension due to pain. Sensation was decreased

along the L5-S1 dermatome in the lower extremity. A magnetic resonance imaging (MRI) scan of the lumbar spine revealed that at L3-5 1-2 millimeters and L5-S1 3 millimeters. He is diagnosed with (a) lumbar disc degeneration and (b) lumbar radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve (12) chiropractic therapy sessions with massage for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

**Decision rationale:** Medical records indicate that the injured worker was recommended to have chiropractic treatments twice a week for four weeks with deep tissue massage on May 2, 2014. The most recent records on August 11, 2014 indicated that he was much better status post chiropractic treatment and deep tissue massage. However, the evidence-based guidelines indicate that functional improvements should be documented in the initial 6 chiropractic treatments but the presented records do not present any evidence regarding functional and objective improvements secondary to the trial of six chiropractic sessions. Moreover, it is unknown if the injured worker has completed the prior 8 chiropractic sessions except for the subjective indication that he has felt much better. With regard with deep tissue massage, evidence-based guideline indicate that this treatment should be used as an adjunct to other recommended treatment but should be limited to 4-6 visits in most cases. However, massage is a passive intervention and treatment dependence should be limited also there is lack of long-term benefits due to short term period or treatment such as these do not address underlying causes of pain. It is also documented to be most effective adjunct treatment to relieve acute postoperative pain in injured workers who had major surgery. In this case, due to lack of documented substantial objective or functional improvements as well as lack of evidence for long term benefits with the prior 8 chiropractic sessions provided in May 2014, there are no compelling reasons that additional sessions should be provided. Hence, the twelve (12) chiropractic therapy sessions with massage for the lumbar spine is not medically necessary and appropriate.