

<b>Case Number:</b>	CM14-0144818		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 with an injury date on 8/7/13. Injured worker complains of chronic lumbar pain improved with chiropractic care (12 sessions) and chronic bilateral hand pain that is alleviated with manipulation therapy per 8/7/14 report. She feels weak and has fewer grips, but no longer has cramping pain per 8/7/14 report. Based on the 8/7/14 progress report provided by [REDACTED] the diagnoses are: 1. lower back pain 2. Sacroiliac s/s 3. carpal tunnel syndrome 4. myofascial pain syndrome Exam on 8/7/14 showed "L-spine range of motion is near-full, with pain at end ranges. Left wrist has full range of motion, with negative Tinel's and negative Phalen's. Tenderness to palpation in palmar wrist." [REDACTED] is requesting chiropractic therapy twice a week for four weeks and myofascial therapy twice a week for three weeks for lumbar spine and left wrist. The utilization review determination being challenged is dated 8/18/14 and denies request for myofascial therapy as MTUS does not recommend manipulation for forearm, wrist, or hand. [REDACTED] is the requesting provider, and he provided treatment reports from 3/5/14 to 8/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy Twice a Week for Four Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic-Manual Therapy and Manipulation for the Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58-59.

**Decision rationale:** This injured worker presents with back pain and bilateral hand pain. The treating physician has asked for chiropractic therapy twice a week for four weeks on 8/7/14 "to resolve SI joint pain." MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the injured worker has completed 12 chiropractic sessions with benefit "and better work tolerances" per 8/7/14 report. An addition 8 chiropractic therapy combined with the recent 12 sessions would exceed MTUS guidelines for this type of condition. The request for Chiropractic Therapy Twice a Week for Four Weeks is not medically necessary.

**Myofascial Therapy Twice a Week for Three Weeks for Lumbar Spine and Left Wrist:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation ODG TWC, Low Back, Massage

**Decision rationale:** This injured worker presents with back pain and bilateral hand pain. The treating physician has asked for myofascial therapy twice a week for three weeks for lumbar spine and left wrist on 8/7/14. Injured worker is currently doing a home exercise program per 8/7/14 report. Regarding massage therapy, MTUS recommends as an adjunct to other recommended treatment (e.g. exercise), limited to 4-6 visits in most cases. ODG states high quality studies do not show "effectiveness of manipulation, but smaller studies have shown their effectiveness on par with other conservative modalities, and one study showed some effectiveness in treating CTS." In this case, the requested 6 sessions of myofascial therapy twice a week for three weeks for lumbar spine and left wrist appears reasonable for this type of condition. The request for Myofascial Therapy Twice a Week for Three Weeks for Lumbar Spine and Left Wrist is medically necessary.