

Case Number:	CM14-0092716		
Date Assigned:	09/19/2014	Date of Injury:	06/03/1996
Decision Date:	10/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/19/2014

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 patient is a 49-year-old female who has submitted a claim for Displacement of thoracolumbar intervertebral disc without myelopathy; unspecified myalgia and myositis; and, cervicalgia, associated with an industrial injury date of 06/03/96. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained an injury while working as a receptionist. She had insidious onset of neck, upper and lower back, and shoulder pain, managed by conservative management, chiropractic therapy, massage and orders for continued care when with flare-ups. Patient underwent subsequent QME where it was noted that flare-ups should be documented as to how it affects her ability to function and should rise above the level of her usual pain with failure of home-remedies like heat/ice, OTC medications, stretching, exercise and rest. 04/23/14 progress report notes that patient had moderate to severe flare-ups of the lower back and hip area, with moderate neck, shoulder and upper back pain, radiating to the upper extremity graded as having increased to 8/10 reducing her functional capacity. On physical examination, patient had restricted mobility by 40% with paravertebral tenderness and muscle spasms and was positive for SLR, Lasegue's and Kemp's. Cervical ROM was restricted by 30% with palpable tenderness and spasms, positive for Soto Hall test. Plan was to prescribe additional chiropractic adjustments, soft tissue mobilization, massage therapy, traction and infra-red therapy. It is of note that patient has had 12 visits of chiropractic therapy in 2013 and 6 visits in 2014. Treatment to date has included chiropractic therapy manipulation and mobilization, massage therapy and traction. Utilization review date of 05/15/14 denied the request for chiropractic care and massage therapy with traction for the neck, shoulder and upper back QTY: 2 because there was absence of discussion of any event that led to the flare-up, nor was there any record of patient's response to previous sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and Massage Therapy With Traction For Neck, Shoulder and Upper Back Quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation; massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Massage therapy Page(s): 58-60.

Decision rationale: As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is recommended as a treatment option to the low back area. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be recommended. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Massage therapy is recommended as an optional adjunct to treatment limited to 4-6 visits. It is a passive intervention and treatment dependence should be avoided. Its lack of long-term benefits could be due to short treatment period or treatments that do not address the underlying causes of pain. In this case, patient has had 12 previous sessions in 2013 and 6 sessions in 2014. There was no mention of patient's response to the previous visits, nor was there any objective functional evidence of improvement in patient's pain symptoms or capacity to perform her ADLs with repeated chiropractic therapy, manipulation and massage even after the 6 initial visits. Manual therapy is not generally recommended for maintenance therapy with noted tapering off of the beneficial effects beyond the initial sessions. There was mention of flare-ups; however, there was no documentation on whether patient had trial of heat/ice, OTC medications, stretching or exercises. Nor was there any documentation of objective improvement in functioning, with the goal to educate the patient so that she can be independent in her care-taking. In fact, progress reports from 2013 submitted showed there was no change in the severity of pain and there was decreased functioning. Therefore, the request for Chiropractic and Massage Therapy With Traction For Neck, Shoulder and Upper Back is not medically necessary.