

Case Number:	CM14-0096372		
Date Assigned:	09/15/2014	Date of Injury:	03/06/1987
Decision Date:	10/23/2014	UR Denial Date:	06/10/2014
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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 60-year-old whose date of injury is March 6, 1987. The mechanism of injury is not described. Progress report dated 06/06/14 indicates that diagnoses are lumbar disc displacement and sciatica. The injured worker complains of moderate intermittent low back pain. Lumbar range of motion is flexion 70, extension 20, right lateral flexion 15 and left lateral flexion 20, and bilateral rotation 20 degrees. Kemp's and Milgram's are positive. Pain level decreased from 7/10 to 3-6/10 with massage and chiropractic treatment. Treatment to date also includes physical therapy and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the clinical information provided, the request for massage therapy 12 sessions is not recommended as medically necessary. The number of massage therapy visits completed to date is not documented. CA MTUS guidelines note that massage should be limited

to 4-6 visits in most cases. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided noting that the most recent clinical note provided is over four months old. Therefore, the request for twelve sessions of massage therapy is not medically necessary or appropriate.

Chiropractic Therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the clinical information provided, the request for chiropractic therapy 12 sessions is not recommended as medically necessary. The number of chiropractic therapy visits completed to date is not documented. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided noting that the most recent clinical note provided is over 4 months old. The request for twelve sessions of chiropractic therapy is not medically necessary or appropriate.