

Case Number:	CM14-0218427		
Date Assigned:	01/08/2015	Date of Injury:	04/07/1999
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male who sustained a work related injury on 4/07/1999. The mechanism of injury was cumulative trauma. The surgical history included a laminectomy and a fusion. The prior therapies included, physical therapy, chiropractic care and massage therapy. Per the Progress Report dated 11/24/2014 the injured worker reported low back pain. Per the note, chiropractic and massage therapy have greatly reduced his pain and he has been able to decrease his medications. Objective physical examination revealed tender bilateral lumbosacral musculature with painful rotation, flexion, extension and lateral bending and bilateral stiffness. Diagnoses included failed back surgery syndrome, myofascial pain and low back pain. The plan of care includes additional chiropractic and massage therapy, medications and follow-up care. On 12/09/2014, Utilization Review non-certified prescriptions for an additional 12 Chiropractic visits and 12 massage therapy visits based on lack of medical necessity because the number of visits exceeds the recommended guidelines. The Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care; 12 visits: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had good results. It was indicated the injured worker exhibited more natural body movement and had increased stability in the pelvis and lower extremities. However, there was a lack of documentation of objective functional improvement including improvement in activities of daily living. The request, as submitted, failed to indicate the body part to be treated with chiropractic care. Given the above and the lack of documentation of exceptional factors, the request for chiropractic care 12 visits is not medically necessary.

Massage therapy; 12 sessions: Upheld

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 rationale: The California Medical Treatment Utilization Schedule Guidelines recommend massage therapy that is limited to 4-6 visits in most cases. 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The clinical documentation submitted for review indicated the injured worker had utilized massage therapy. There was a lack of documentation of objective functional improvement with the use of massage. The request, as submitted, failed to indicate the body part to be treated with massage. Given the above, the request for massage therapy 12 sessions is not medically necessary. Additionally, the guidelines recommend massage therapy limited to 4 to 6 visits. There was a lack of documentation of exceptional factors.

