

Case Number:	CM15-0116585		
Date Assigned:	06/24/2015	Date of Injury:	10/12/2000
Decision Date:	08/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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
 Certification(s)/Specialty: Chiropractor

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 female, who sustained an industrial injury on 10/12/2000. Diagnoses include cervical disc disease, lumbar disc disease and right shoulder rotator cuff tear. Treatment to date has included medications including Soma, Ambien and Tylenol, chiropractic treatment and modified work. Per the Primary Treating Physician's Progress Report dated 4/30/2015, the injured worker reported that chiropractic treatment was helping. Neck pain on the right side increases with activity. She reported low back pain with no radiation. Physical examination revealed tenderness with guarding to the cervical spine, right side with decreased range of motion to left. There was tenderness with guarding to the lumbar spine. The plan of care included continuation of chiropractic care and authorization was requested on 5/13/2015 for chiropractic (2 x 5) with deep tissue massage to cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 5 with deep tissue massage to the cervical and lumbar spine: 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 Manual Therapy Page(s): s 58-59.

Decision rationale: 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. Guideline indicate that, Low back is recommended as an option. For therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks is recommended. Elective maintenance care is not medically necessary. Recurrences or flare-ups need to be re-evaluated for treatment success, if RTW is achieved then 1-2 visits every 4-6 months is recommended. The claimant presented with chronic neck and back pain with about 15 years duration. Review of the available medical records showed the claimant has had chiropractic treatment previously. Although there are no records of prior chiropractic treatment and treatment outcomes, the claimant has completed at least 10 chiropractic visits recently with no document of objective functional improvement. There is no change in subjective and objective findings, and the claimant remained on the same limited work duties restriction. Therefore, based on the guidelines cited, the request for additional 10 chiropractic treatments with deep tissue massage is not medically necessary.