

Case Number:	CM15-0064829		
Date Assigned:	04/10/2015	Date of Injury:	08/23/1999
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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, Minnesota

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 61 year old male, who sustained an industrial injury on 8/23/99. The initial complaints are not noted. The injured worker was diagnosed as having cervical IVD syndrome; lumbar IVD-unspecified; disc disorder lumbar region; cervical disc degeneration; degeneration of lumbar or lumbosacral intervertebral disc; cervical cephalgia/encephalgia. Treatment to date has included chiropractic therapy; cervical spine MRI (2/26/12); MRI left elbow (8/6/10); Brain MRI (9/18/09); medications. Currently, the PR-2 notes dated 3/26/15 indicated the injured worker complained of "pulling weeds while on hands and knees" and suffered an exacerbation of bilateral cervical pain with headache that radiates to the bilateral upper arms; elbow; 4th finger; 5th finger numbness. Also complains of lumbar spine pain that radiates to the right posterior buttocks; calf deep ache; foot tingling. The pain scale for these areas is 4-8/10. Also noted is thoracic pain as burning, dull, stiff and constant with pain scale of 5-6/10. Diagnostic studies are relevant to the exacerbated areas of complaints. It is documented that the injured worker is unable to perform home exercise at this time due to his "flare". The provider has requested a treatment plan that includes additional manipulation (x2) and additional massage (x2) with short term goals of increasing joint movement; decrease pain and long term goals: able to perform functional activities with less difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Manipulation (x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20- 9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested additional manipulation x2. The records do not indicate objective functional improvement from previous manipulation. The records seem to indicate maintenance care as well at 2 x per week through this year 2015 and all of last year 2014. The request for treatment is not according to the above guidelines and therefore the treatment is not recommended.

Additional Massage (x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20- 9792.26 Page(s): 58, 59 & 60.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, Massage therapy is recommended as an option as an adjunct to other recommended treatment. The doctor requested an additional 2 massages to go along with the 2 manipulations. Due to the fact that the manipulation was not recommended due to lack of objective functional improvement documented, massage is also not medically necessary.