

<b>Case Number:</b>	CM15-0076620		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Family Practice

### 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 69-year-old male who sustained an industrial injury on 5/7/10. The injured worker reported symptoms in the left knee and lower back. The injured worker was diagnosed as having depressive disorder, left knee pain and status post left total knee arthroplasty. Treatments to date have included chiropractic treatments, activity modification and status post left total knee arthroplasty. Currently, the injured worker complains of left knee and lower back pain. The plan of care was for medication prescriptions, chiropractic treatments, psychotherapy, and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy (sessions) Qty: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic therapy. Chiropractic 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. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the records indicate that the patient has already received a course of chiropractic therapy. There is insufficient documentation as to the total number of these sessions as well as documentation of objective functional improvement as indicated in the above-cited guidelines. For this reason, 6 Sessions of Chiropractic therapy is not considered as medically necessary.

**Massage therapy low back (sessions) Qty: 6:** 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of massage therapy as a treatment modality. Massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. 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. A very small pilot study showed that massage could be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. Therefore, massage therapy to the low back X 6 sessions is not considered as medically necessary.

**Psychotherapy Qty: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chronic Pain Section: Psychological Treatment.

**Decision rationale:** The Official Disability Guidelines comment on the use of psychological therapy as a treatment modality. The specific recommendations for the number of visits are as follows: ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In this case, in the Utilization Review process, the request for 12 sessions was modified to 4 sessions; with the need for further sessions based on documentation of functional benefit. The above-cited guidelines indicate that 13-20 visits over 7-20 weeks may be authorized "if progress is being made." Based on these findings there are a need to document functional improvement and it is appropriate to recommend a limited number of sessions initially to determine the impact of psychotherapy on this patient's symptoms. However, the initial request for 12 sessions of psychotherapy is not considered as medically necessary.