

<b>Case Number:</b>	CM15-0078868		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/31/1996
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, 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:

This is a 60-year-old female patient, who sustained an industrial injury on December 31, 1996. She reported that while painting she moved a desk with a popping like sound from her low back with immediate low back pain buckling her legs. The diagnoses include lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, degeneration of the left knee meniscus/ligament, and bilateral plantar fasciitis. Per the doctor's note dated 4/27/15, she had complains of a flare up of neck/upper back pain, headaches, lower back pain, and left knee pain. Per the Primary Treating Physician's report dated March 18, 2015, she reported her neck pain and headaches at a 9 on a scale of 1-10, lower back pain at a 7, and left knee pain at an 8 with edema and bruising. Physical examination revealed bilateral neck pain with grade 4 hypertonicity of the cervical paravertebral, upper trapezius, and middle trapezius musculature, with restricted range of motion (ROM) and positive foraminal compression; the bilateral lower back pain with grade 4 hypertonicity of the lumbar and gluteal musculature left greater than right, with dorsolumbar range of motion (ROM) restricted and positive Nachlas and compression tests bilaterally; the right knee- painful range of motion (ROM), crepitus, and positive Apley's; the left knee- limited flexion with pain, and Apley's and medial ACL challenge positive. The medications list includes hydrocodone-acetaminophen, tizanidine and colace. She was noted to have been treated with a combination of adjustments to the cervical, thoracic, and lumbar spine with soft tissue massage. Treatment to date has included MRIs, chiropractic treatments, lumbar surgery, epidural injections, cervical fusion, acupuncture, Supartz injections, home care, and medication. The treatment plan was noted to include three additional chiropractic adjustments

and adjunctive physical therapy to the cervical, thoracic, and lumbar spine, renewal of in-home care, continued referral to pain management, and a search for a new acupuncturist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic Adjustments (4-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, chiropractic treatment for elective or maintenance care is not medically necessary. One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. In this case, the patient has had chiropractic and acupuncture therapies for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous massage/chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Therefore, the request is not medically necessary.

#### **Massage Therapy (4-sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. 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. In this case, the patient has had chiropractic, massage and acupuncture for this injury. Response to previous conservative therapy including chiropractic, massage and acupuncture was not specified in the records provided. There is no evidence of significant ongoing progressive functional improvement from the previous massage/chiropractic

therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Therefore, the request is not medically necessary.