

Case Number:	CM15-0095468		
Date Assigned:	05/22/2015	Date of Injury:	06/22/1993
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male with a June 22, 1993 date of injury. A progress note dated April 24, 2015 documents subjective findings (lower back pain right side; neck stiffness), objective findings (decreased range of motion), and current diagnoses (lumbalgia; lumbar sprain/strain; thoracalgia). Treatments to date have included chiropractic treatment. The treating physician documented a plan of care that included treatment adjustment/therapies-traction/mechanical and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment adjustment/therapies-traction/mechanical 2 times a week for 3 weeks: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in June 1993. When seen on 03/16/15 he was having right-sided low back pain and neck stiffness. There was decreased cervical spine range of motion. The assessment references a flare up of symptoms the year before. A course of manipulation and massage therapy was recommended. Chiropractic treatments are documented through 04/01/15. When seen on 04/24/15 the exact same identical first page of the note presented on 03/16/15 is reproduced with the second page dated 04/24/15. There is an identical request for manipulation and massage therapy. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the request is being repeated less than one month after the completion of treatment for the identical complaints. It is not appropriate or medically necessary.

Massage 1 time a week for 4 weeks: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in June 1993. When seen on 03/16/15 he was having right-sided low back pain and neck stiffness. There was decreased cervical spine range of motion. The assessment references a flare up of symptoms the year before. A course of manipulation and massage therapy was recommended. Chiropractic treatments are documented through 04/01/15. When seen on 04/24/15 the exact same identical first page of the note presented on 03/16/15 is reproduced with the second page dated 04/24/15. There is an identical request for manipulation and massage therapy. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the request is being repeated less than one month after the completion of treatment for the identical complaints. It is not appropriate or medically necessary.