

Case Number:	CM14-0008597		
Date Assigned:	02/12/2014	Date of Injury:	08/18/2003
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old female with an 8/18/2003 industrial injury claim. She has been diagnosed with: lumbar disc displacement; and somatic dysfunction, lumbar, sacral, and pelvic. According to the 12/12/2013 osteopathic report from the provider, the patient has had better pain control and less frequent exacerbations of low back pain since her last osteopathic treatment. She was treated with osteopathic manipulation including balanced ligamentous tension (BLT) and traction, and recommended for follow-up in 1-month. On 1/10/14 utilization review retrospectively denied the osteopathic treatment on 12/12/13 and the follow-up.  

IMR ISSUES, DECISIONS AND RATIONALES

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

OSTEOPATHIC MANIPULATIVE THERAPY (INCLUDING BLT & TRACTION), DATE OF SERVICE 12/12/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The patient presents with chronic low back pain. There are 10 available osteopathic treatment notes/reports from 1/3/13 through 12/12/13. The patient was reported to have low back muscle spasms, increased tone of the left iliolumbar muscles, but laxity of the ligaments. The patient has been having benefit from the osteopathic manipulation, and the physician has provided home exercises. The patient continues to work, and her job involves bending which aggravates the back. She has had an exacerbation on 7/9/13 and 10/23/13. The MTUS guidelines for manipulation for low back pain recommend a trial of 6 visits and state that with functional improvement a total of up to 18 sessions may be indicated. The available records show a total of 10 sessions including the 12/12/13 date of service. There is functional improvement within the first 6 visits and the patient is working. The osteopathic/primary treating physician visit on 12/12/13 appears to be in accordance with MTUS guidelines. As such, the request is certified.

ONE MONTH RE-EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, Page(s): 58.

Decision rationale: The patient presents with chronic low back pain. There are 10 available osteopathic treatment notes/reports from 1/3/13 through 12/12/13. The patient was reported to have low back muscle spasms, increased tone of the left iliolumbar muscles, but laxity of the ligaments. The patient has been having benefit from the osteopathic manipulation, and the physician has provided home exercises. The patient continues to work, and her job involves bending which aggravates the back. She has had an exacerbation on 7/9/13 and 10/23/13. The primary treating physician may be required to follow-up and report within 45-days per MTUS guidelines, which states that when continuing medical treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type. In this case, the follow-up appears clinically necessary to monitor progress, as the patient was just reported to be able to control per pain and self-manipulate her pelvis. She appears to be near the end of her treatment plan, but monitoring of outcomes after the new development appears necessary. She is still within the MTUS guidelines, for total visits for manipulation therapy. As such, the request is certified.