

<b>Case Number:</b>	CM14-0013928		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 56-year-old female who has submitted a claim for other and unspecified intracranial hemorrhage following injury without mention of open intracranial wound associated with an industrial injury date of May 18, 2012. Medical records from 2013 to 2014 were reviewed. The patient is being treated for post-concussion syndrome with symptoms including vertigo, headaches and decreased cognition. Pertinent physical examination findings include tenderness of the lower lumbar paraspinal muscles and guarding on the right hip on full passive ROM. The diagnoses were head contusion with traumatic brain injury including subdural hematoma, subarachnoid hemorrhage and chronic headache; neck, mid/low back strain/sprain; multilevel spondylosis with multilevel posterior herniated discs and annular tears with mild spinal canal and multilevel neural foramina narrowing; and right hip adductor tendinitis. Treatment plan includes request for osteopathic manipulation. Treatment to date has included oral analgesics, home exercise program, physical therapy, occupational therapy, speech therapy, neurocognitive intervention and osteopathic manipulation. Utilization review from January 17, 2014 denied the request for osteopathic manipulation treatment office visits - 12 visits (retro DOS from 6/27/13 to 12/19/13). The reason for the denial was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OSTEOPATHIC MANIPULATION TREATMENT OFFICE VISITS- 12 VISITS (RETRO DOS FROM 6/27/13 TO 12/19/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** Page 58-59 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. 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. The time to produce effects is 4 to 6 treatments. Treatment beyond this should be documented with objective improvement in function. In this case, the patient has received osteopathic intervention as far back as January 2013. However, the total number of visits was not specified. Moreover, there was no evidence of overall pain improvement and functional gains derived from the treatment. The guideline recommends initial 4-6 visits with documented functional improvements prior to full course of treatment. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 12 Osteopathic manipulation treatment office visits- (retro dos from 6/27/13 to 12/19/13) is not medically necessary.