MAXIMUS Federal Services

Case Number:	CM14-0013978		
Date Assigned:	02/26/2014	Date of Injury:	05/18/2012
Decision Date:	10/10/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	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 Emergency 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 with reported date of injury on 5/18/2012. Patient sustained multiple injuries from a motor vehicle accident. Patient has post-concussive syndrome with headaches, depression/anxiety and cognitive disorder. Patient also has chronic pains from cervical and low back strain. Medical reports reviewed. Last report available until 12/19/13. Patient complains of chronic headaches and R groin pains that worsens with prolonged sitting. Objective findings reveals normal behavior, normal knee exam and normal back exam. Negative straight leg raise. Treating physician believes that R groin pain is from either a strain or a hernia. No medication list or imaging reports were provided for review. Patient has received extensive weekly osteopathic manipulation since 6/2013. Reportedly doing a home exercise program. Independent Medical Review is for Osteopathic manipulation office visits-1 visit every 2weeks for 8weeks (4total). Prior UR on 1/21/14 recommended non-certification. As per UR note, manipulation is directed a low back to groin/radicular pains.

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 - 4 visits (1 visit every 2 weeks for 8 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, manipulation is only recommended for low back issues. Patient has been receiving osteopathic manipulation since 6/13 with no reported improvement in pain. MTUS recommend time to produce effect within 4-6treatments(within 1month). Patient has no documented improvement. The request for Osteopathic Manipulation Treatments are not medically necessary.