

Case Number:	CM14-0023710		
Date Assigned:	06/13/2014	Date of Injury:	07/20/2000
Decision Date:	07/15/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old male whose date of injury is 07/20/2000. On this date he was involved in a rollover motor vehicle accident. Treatment to date includes cervical facet blocks, physical therapy, diagnostic testing and medication management. The injured worker status post posterior C3-4 and C4-5 fusion on 12/04/01. Note dated 01/27/14 indicates that he complains of neck, back and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO(2) OSTEOPATHIC MANIPULATION TREATMENT 5-6 REGIONS 6 OMT TREATMENTS: 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): 58-60.

Decision rationale: Based on the clinical information provided, the request for 2 osteopathic manipulation treatment 5-6 regions 6 OMT treatments is not recommended as medically necessary. The submitted records indicate that the injured worker has received extensive osteopathic manipulation treatments to date. There are no objective measures of improvement

submitted for review to establish efficacy of treatment and support additional sessions in accordance with Chronic Pain Medical Treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.