MAXIMUS Federal Services

Case Number:	CM14-0188724		
Date Assigned:	11/19/2014	Date of Injury:	04/14/1999
Decision Date:	01/07/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 55 year old female patient who sustained injury on 4/14/1999. The mechanism of the injury was not specified in the records provided. The diagnoses include lumbar, neck and thoracic sprain/ strain, headache and anxiety. Per the doctor's note dated 10/1/14 she had complaints of neck pain, headache, some nausea and emesis for a few days and depression. The physical examination revealed moderate paracervical myospasm, moderate parathoracic myospasm and decreased range of motion of the cervical spine and normal strength and sensation. Her current medications include Cymbalta, SAM-e (supplement used for depression), Zomig, baclofen, Isometheptene-APAP-Dichloral,Qunine, Wellbutrin, Limbitrol, Klonopin, Mobic, Trazadone and Flector Patch. Her surgical history includes C5-6 fusion with subsequent exploration and refusion at C6-7 with anterior plate implantation. She has had hip MRI which revealed torn labrum. She has had injection to right SI joint on 7/9/14 without relief of pain. She has had massage therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic manipulative therapy for the neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Manual Therapy and Manipulation Page(s): 58-59 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

Decision rationale: The MTUS guidelines recommend "Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits."In addition per the cited guidelines regarding massage/manipulation therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided."Per the records provided the patient has had massage therapy visits for this injury.A documentation of response to these previous conservative measures is not provided in the medical records submitted. The previous therapy notes are not specified in the records provided. In addition, the patient's injury occurred about 15 years and 8 months ago. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Osteopathic manipulative therapy for the neck and low back is not fully established for this patient.