

<b>Case Number:</b>	CM14-0203483		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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 (IW) is a 42-year-old woman with a date of injury of March 23, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are unspecified backache; radiculopathy; fibromyalgia syndrome; and cephalgia. Pursuant to the treating physician's progress note dated November 7, 2014, the IW low back pain that is slightly worse this month with more activities and stress. Pain is rated 7/10 overall. She denies radiation of pain. The IW reports the neck pain is worse with activity and stress. Physical examination reveals moderate paralumbar myospasms noted with moderate paracervical myospasms noted. There is decreased range of motion about the cervical spine. Motor strength is normal in the upper and lower extremities. Sensory exam is intact. Current medication is Norco 10/325mg. The treatment plan includes osteopathic manipulative therapy (OMT) to the cervical spine, thoracic spine, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Osteopathic Manipulative Therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Manipulation.

**Decision rationale:** Pursuant to the Official Disability Guidelines, osteopathic manipulative therapy three times a week for four weeks is not medically necessary. Manipulation is recommended as an option. If the manipulation has not resulted in functional improvement in the first one or two weeks it should be stopped and the patient reevaluated. The Official Disability Guidelines enumerate the frequency and duration of manipulative treatments. For mild-up to six visits over two weeks. For severe-a trial of six visits over two weeks. With evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks may be required. Elective/maintenance care is not medically necessary. Recurrences/flare-ups- need to reevaluate treatment success if returned to work. In this case, the injured worker's working diagnoses according to a November 7, 2014 progress note are unspecified backache; and radiculopathy. The physical examination contains a single hand written line stating "moderate para lumbar myospasms radiating to left anterior pelvis? An initial pain consultation dated September 30, 2014 states some manipulative therapy was applied today to the cervical, thoracic and lumbar spine with excellent effects. It seemed to give the patient significant improvement. There is no documentation indicating what manipulative therapy were applied, short and long-term goals and no evidence of objective functional improvement with therapy. The documentation does not contain past manipulative therapy notes, number of sessions and duration of manipulation. The neurologic evaluation is nonfocal abnormal motor and sensory function. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement past, past manipulative therapy notes with a number of sessions and duration, clinical indication and/or rationale for continued therapy, osteopathic manipulative therapy three times per week for four weeks is not medically necessary.