

Case Number:	CM14-0203870		
Date Assigned:	12/16/2014	Date of Injury:	12/13/2007
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	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 Physical Medicine Rehabilitation, 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 61 year-old patient sustained an injury on 12/13/07 while employed by [REDACTED]. Request(s) under consideration include Osteopathic manual therapy x 6 sessions. Diagnoses include cervical intervertebral disc degeneration; lumbosacral intervertebral disc degeneration; and cervical non-allopathic lesion; cervical somatic dysfunction. Conservative care has included medications, therapy, home traction unit, cervical pillow, massage therapy, acupuncture, heat/ice, and modified activities/rest. Report from the provider noted chronic ongoing symptoms with unchanged clinical findings of normal gait; normal cervical alignment and range with tenderness over paraspinal muscles overlying facet joints; lumbar spine with normal range except for flexion limited to 60 degrees/ ext to 20 degrees. The patient is retired. The request(s) for Osteopathic manual therapy x 6 sessions was non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic manual therapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Treatment. Page(s): 58-60.

Decision rationale: This 61 year-old patient sustained an injury on 12/13/07 while employed by [REDACTED]. Request(s) under consideration include Osteopathic manual therapy x 6 sessions. Diagnoses include cervical intervertebral disc degeneration; lumbosacral intervertebral disc degeneration; and cervical non-allopathic lesion; cervical somatic dysfunction. Conservative care has included medications, therapy, home traction unit, cervical pillow, massage therapy, acupuncture, heat/ice, and modified activities/rest. Report from the provider noted chronic ongoing symptoms with unchanged clinical findings of normal gait; normal cervical alignment and range with tenderness over paraspinal muscles overlying facet joints; lumbar spine with normal range except for flexion limited to 60 degrees/ ext to 20 degrees. The patient is retired. The request(s) for Osteopathic manual therapy x 6 sessions was non-certified on 11/4/14. Peer review report noted prior treatments have helped to reduce neck pain and stiffness; however, no objective findings were submitted for additional treatment. MTUS Guidelines supports manual therapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of manual sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Osteopathic manual therapy x 6 sessions is not medically necessary and appropriate.