

Case Number:	CM15-0130095		
Date Assigned:	07/16/2015	Date of Injury:	04/28/2010
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 04/28/2010 secondary to carrying a hydrant with a co-worker. On provider visit dated 06/16/2015 the injured worker has reported low back pain. On examination of the lumbar spine, antalgic gait favoring left side, bilateral low extremities were noted on palpation to have soft tissue tenderness over plantar fascia of left lower extremity. The diagnoses have included chronic pain syndrome, lumbar degenerative disc disease, lumbago, lumbar radiculopathy, neuralgia, sprain and strain of unspecified site of shoulder and upper arm, lumbar sprain-strain and long term use of other medication. Treatment to date has included medication and home exercise program. The provider requested osteopathic manual therapy referral (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic manual therapy referral (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 98, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in April 2010 and continues to be treated for chronic pain including chronic low back pain. When seen, he was having low back spasms and stiffness and left lower extremity numbness and tingling. He was using a cane and had an antalgic gait. There was a forward flexed posture with decreased lower extremity strength and plantar fascia tenderness. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of treatment sessions requested is consistent with the guideline recommendation and was medically necessary.