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| Case Number: | CM15-0138885 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 01/12/2003 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/28/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 1/12/2003. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include intervertebral lumbar disc disorder with myelopathy, lumbar spondylosis and rotator cuff tear. Currently, she complained of having the "sacroiliac joint out of place for two weeks". On 5/26/15, the physical examination documented paralumbar muscle spasm with left anterior osteopathic manipulative therapy providing immediate relief. The appeal requested authorization for osteopathic manipulative therapy to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic manipulation, #6, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines 9th edition, web.

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

Decision rationale: According to the MTUS, manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions." The intended goal is the achievement of positive symptomatic or objective measurable gain in functional improvement. For low back pain it is recommended as an option with a "trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Maintenance care is not medically necessary. Treatment for flare ups if successful may be repeated with 1-2 visits every 4-6 months. According to the physician progress note of 11/11/14, the worker had a left anterior pelvis with right short leg prior to OMT, then even and equal afterwards. No comment was made regarding symptom or functional improvement. It was stated in the progress note of 2/24/15, "She is tolerating her medications well, using them sparingly, but needs OMT today to regain her functionality and tolerance to ADL's and exercises." A left anterior pelvis was again noted and then even and equal after OMT. Functional or symptomatic improvement was not discussed. The 3/31/15 note under the HPI section of neck states "Needs OMT to maintain functionality." No description of the functionality was given. It was again stated that there was a left anterior pelvis with right leg short prior to OMT, even and equal afterwards. The same findings and treatment were repeated on 4/28/15, 5/26/15, 6/16/15. Although correction of a leg length discrepancy was noted with each session of OMT, there has been no objective measurable improvement in function or symptom improvement. It was stated that there were good effects after the treatment but those effects were not identified. Furthermore, there is no indication from the record, that those effects were more than a short-term effect immediately following the treatment. In summary, the requested treatment of 6 sessions of osteopathic manipulation to the lumbar spine is not medically necessary or appropriate since there has been no objectively measured improvement in function or improvement in symptoms with the previous treatments. Furthermore this worker has already received treatment over the recommended 6-8 week period. Maintenance treatments are not medically necessary and treatment for flare-ups would not be expected more than every 4-6 months.