

Case Number:	CM15-0141780		
Date Assigned:	07/31/2015	Date of Injury:	07/21/2001
Decision Date:	08/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female sustained an industrial injury to the neck on 7-21-01. Previous treatment included cervical fusion, osteopathic manipulative therapy and medications. Documentation did not disclose the dates or amount of previous therapy or recent magnetic resonance imaging. In an evaluation dated 7-10-15, the injured worker complained of constant neck pain with radiation to bilateral upper extremities associated with stiffness, popping, spasms, numbness in the right upper extremity and tingling of the left upper extremity. Physical exam was remarkable for cervical spine with limited flexion and extension due to pain, soft tissue tenderness to palpation over the dorsum of the right hand with extreme sensitivity to touch. Current diagnoses included cervicalgia, cervical post laminectomy syndrome and degeneration of cervical intervertebral disc. The physician noted that the injured worker reported significant improvement from past osteopathic manipulation for the cervical spine. The treatment plan included continuing Terocin and Norco and requesting authorization for osteopathic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Osteopathic manipulative therapy for the neck/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Treatment, Pages 58-60; Physical Therapy, pages 98-99.

Decision rationale: MTUS Guidelines supports manipulation/physiotherapy 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 chiropractic physiotherapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physiotherapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2001 injury. Submitted reports have not adequately demonstrated the indication to support further chiropractic physiotherapy when prior treatment rendered has not resulted in any functional benefit. The 6 sessions of Osteopathic manipulative therapy for the neck/cervical spine is not medically necessary and appropriate.