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| Case Number: | CM15-0167716 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 09/21/2013 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 40 year old male who sustained an industrial roll over moving vehicle accident injury on 09-21-2013. There was no loss of consciousness. The injured worker was diagnosed with cervical neck strain, headaches, meniscus tear and back strain. Past treatments that were documented consist of diagnostic testing, multiple consultations, arthroscopic knee surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, massage therapy, home exercise program, acupuncture therapy and medication. The Utilization Review initially reviewed the requested treatment for IMR on 08-04-2015. According to the treating physician's report dated July 27, 2015, the injured worker continues to experience neck pain and headaches associated with photophobia and some nausea and vomiting. The injured worker reported improvement with acupuncture therapy. Examination demonstrated mild tenderness to palpation over the bilateral rhomboid muscles with spasm on the left. Full range of motion was documented with normal tone, coordination, deep tendon reflex and sensation. Cranial nerves II through XII were grossly intact. Current medications were noted as Tramadol, Excedrin Migraine, Melatonin and Celebrex. The treatment plan consists of possible epidural steroid injections, trigger point injections, and massage therapy, continuing with acupuncture therapy, Nortriptyline trial prescription and the current request for cranio-sacral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cranio-sacral therapy with six visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna; Clinical Policy Bulletin; Complementary and Alternative Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hartman SE, Norton JM. Interexaminer reliability and cranial osteopathy. Scientific Review of Alternative Medicine 6 (1): 23-34, 2002.

Decision rationale: The CA MTUS and ODG guidelines are silent on the use of cranio-sacral therapy. Per citation above, medical research does not support the requested cranio-sacral therapy. There is no scientific support for major elements of craniosacral therapy, the only publication purporting to show diagnostic reliability with sufficient detail to permit evaluation is deeply flawed and stands alone against 5 other reports that show reliabilities of essentially zero, and there is no scientific evidence of treatment efficacy. The request is not medically necessary.