

Case Number:	CM15-0195002		
Date Assigned:	10/09/2015	Date of Injury:	07/20/2000
Decision Date:	11/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 20, 2000. The claims administrator referenced an RFA form dated August 18, 2015 and associated office visits of August 18, 2015 and July 21, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 18, 2015 office visit, the applicant reported ongoing complaints of neck pain, hand pain, hip pain, and muscle spasms. Osteopathic manipulative therapy was performed in the clinic. The applicant's work status was not reported, however. Additional manipulative treatment was seemingly sought via an RFA form of the same date, August 18, 2015. On July 21, 2015 and June 25, 2015, the applicant received manipulative therapy. Once again, the applicant's work status was not reported. The applicant also received osteopathic manipulative therapy on April 26, 2015 and May 20, 2015. Once again, the applicant's work status was not reported on those dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) osteopathic manipulative treatments (5-6) regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: No, the request for an additional six sessions of osteopathic manipulative therapy is not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant's work status was not clearly reported on multiple office visits, referenced above, including on the August 18, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. The treating provider's manipulative therapy progress notes, in short, failed to outline how (or if) the applicant had profited with earlier manipulative therapy. Therefore, the request for six additional sessions of osteopathic manipulative therapy is not medically necessary.