

Case Number:	CM15-0216210		
Date Assigned:	11/05/2015	Date of Injury:	07/20/2000
Decision Date:	12/31/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	11/03/2015

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, Hawaii

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 7-20-2000. The injured worker was diagnosed as having neck pain, headache, low back pain, spasm of muscle, and non-allopathic lesions cervical-thoracic-rib cage-lumbar-sacral-pelvic-lower extremities-head region. Treatment to date has included diagnostics, physical therapy, massage, cervical spinal surgery, cervical facet blocks, osteopathic manipulative treatment (2013, 2014, 2015), and medications. On 9-15-2015, the injured worker complains of his neck being stiff, tight and achy "about like usual". He reported headaches starting again two weeks prior, after hitting head on garage door. Pain was rated 2 out of 10 (unchanged from 8-18-2015). He also reported his upper thoracic area had been aching "a bit more lately" and lower back "is tight and achy". He reported that pain was improved with osteopathic manipulation treatment (at least 8 treatments since 1-2015, most recent on 8-18-2015) and pain usually decreased "to tolerable levels for 2-3 weeks". He was recommended osteopathic manipulation treatment to address somatic dysfunction. His work status was not documented. Function with activities of daily living was not described. On 9-24-2015 Utilization Review non-certified a request for six osteopathic manipulation treatment 5-6 regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) osteopathic manipulation treatment 5-6 regions: Overturned

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: The patient presents with headaches, neck, low back, left posterior hip, and left knee pain. The current request is for Six (6) osteopathic manipulation treatment 5-6 regions. The treating physician's report dated 09/15/2015 (225B) states, "Recommend osteopathic manipulative treatment to address the somatic dysfunction." The MTUS Guidelines recommend manipulation treatments on pages 58-60. The guidelines recommend a trial of 6 visits and with documentation of functional improvement an additional 6 visits may be recommended. The medical records show that the patient received 9 osteopathic manipulations from 01/2015 to 09/2015. In this case, MTUS recommends manipulation treatments and with functional improvement additional sessions are recommended. The treating physician has documented improved tolerance for ADLs with treatment and reduction of pain. The current request is medically necessary.