

Case Number:	CM15-0035599		
Date Assigned:	03/04/2015	Date of Injury:	01/22/1999
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/25/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 1/22/99. The injured worker has complaints of low back and leg pain and neck pain with right arm weakness. The diagnoses have included lumbar disc disorder with myelopathy; cervical strain and nerve root irritation. According to the utilization review performed on 2/16/15, the requested 6 osteopathic manipulative therapy visits for the lumbar spine has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 osteopathic manipulative therapy visits for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Pain Outcomes and Endpoints Page(s): 58-59, 8-9.

Decision rationale: The patient presents with low back and leg pain and neck pain with right arm weakness. The request is for 6 Osteopathic Manipulative Therapy Visits For The Lumbar Spine. The RFA is not included. Patient's diagnoses on 01/27/15 included lumbar disc disorder with myelopathy; cervical strain, failed back surgical syndrome and nerve root irritation. The patient is permanent and stationary. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, the treater does not specifically address the request but the reports do indicate flare-up's. The 11/25/14 report states, "Myospasms has been severe and progressive. She had to go to the ER and she now has an electric wheelchair to get around as she continues to buckle and have intractable pain..." The patient does suffer from chronic back pain with a history of spinal surgery. Given the patient's significant pain, and no recent therapy treatments, the request IS medically necessary.