

Case Number:	CM15-0040850		
Date Assigned:	03/11/2015	Date of Injury:	08/01/1998
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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 64-year-old female with an industrial injury dated August 1, 1998. The injured worker diagnoses include backache not otherwise specified, chronic pain syndrome, and pain in the joint shoulder, cervicobrachial syndrome, anxiety disorder and depression. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. In a progress note dated 2/4/2015, the injured worker reported neck pain and upper and lower back pain. Physical exam revealed tenderness to palpitation over the cervical and lumbar paraspinal muscles. The treating physician noted increased pain on examination as compared to previous exam as a result of not using her medication. The treating physician prescribed services for four osteopathic treatment trial visits x 4 for pain in the joint shoulder as an outpatient, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Osteopathic Treatment Trial x 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: ASED on the 2/4/15 progress report provided by the treating physician, this patient presents with increased neck pain, upper/lower back pain, with pins/needles sensation, rated 6-7/10 on VAS scale. The treater has asked for osteopathic treatment trial x 4 on 2/4/15. The patient's diagnoses per Request for Authorization Form dated 2/4/15 are cervicobrachial syndrome, backache NOS, pain in joint of shoulder, chronic pain syndrome, and depression with anxiety. The patient has noticed increased calmness/tranquility since restarting 5mg QAM and decreasing Wellbutrin per 12/2/14 report. The patient continues with difficulty sleeping per 12/2/14 report. The patient has not had prior osteopathic treatment trial per 2/4/15 report. The patient's current medications include Butrans, Wellbutrin, Singulair, Glipizide, Pravastatin Sodium, and Abilify. The patient is not currently working. MTUS: pg. 58, 59 Chapter on Manual Therapy and Treatments. "Manual therapy & manipulation." 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. The treater does not discuss this request in the reports provided. In this case, chiropractic treatment history is not known. The UR letter dated 2/13/15 denies request, by quoting a diagnosis in requesting 2/4/15 report as "pain in joint of shoulder," and then reporting a lack of physical exam findings regarding the shoulder. However, the requesting progress report dated 2/4/15 does not indicate that the osteopathic treatment is meant for the shoulder. The 2/4/15 report gives the patient's diagnoses are backache, chronic pain syndrome, and cervicobrachial syndrome. Given the patient's ongoing chronic pain, and the lack of recent osteopathic visits, the requested 4 session's trial of osteopathic treatment appears appropriate. The request is medically necessary.