MAXIMUS Federal Services

Case Number:	CM15-0057802		
Date Assigned:	04/02/2015	Date of Injury:	04/03/2003
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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
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 was a 61 year old female, who sustained an industrial injury, April 3, 2003. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, Celebrex, Vicodin, Percocet, Zoloft, Lyrica, Ultram, Isopex, lumbar spine MRI, cervical spine MRI, acupuncture, osteopathic treatments, aqua therapy, physical therapy, Ambien, Naproxen, epidural injections, ice and heat treatments, home physical therapy and massage therapy. The injured worker was diagnosed with spinal stenosis of the lumbar region and insomnia due to pain. According to progress note of February 9, 2015, the injured workers chief complaint was worsening numbness of the bilateral lower extremities and below the knees when lying down. The pain level in the morning was 5 out of 10, average pain was 5-6 out of 10 and the worse pain was 9 out of 10; 0 being no pain and 10 being the worse pain. The aggravating factors were walking on concrete, shopping and sitting in certain chairs. The injured worker described the pain as a hot burning pain to a bad ache. When the injured worker was receiving acupuncture and osteopathic manipulation the injured worker was able to sleep 4-8 hours and without 2-3 hours without waking up in pain. The physical exam noted numbness of the lower extremities bilaterally from the knees down. The treatment plan included osteopathic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 osteopathic manipulation visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The 61 year old patient presents with pain in the lower back, rated at 5-6/10, along with numbness in both legs below the knee, as per progress report dated 02/09/15. The request is for 10 OSTEOPATHIC MANIPULATION VISITS. The most recent RFA for this case is dated 02/19/15, and the patient's date of injury is 04/03/03. Diagnoses, as per progress report dated 02/09/15, included spinal stenosis of lumbar region and insomnia secondary to pain. Medications included EpiPen, Progesterone, Testosterone gel, Lyrica, Naproxen, Tramadol, Omeprazole and Clotrimazole. The patient is not working, as per progress report dated 02/14/14. 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 patient has received acupuncture in the past. As per progress report dated 02/09/15, osteopathic manipulation and acupuncture about 1 years ago led to 2 point reduction in pain on a scale of 10. The report also states that with manipulation "the recovery time to get better from her worst pain decreases from 3 days to 1 day and the quality of worst pain changes from hot burning pain to a bad aching pain." The report reveals that acupuncture helped increase sleep from 6 hours to 8 hours. The patient was able to sleep 4 hours at stretch when compared to 2-3 hours at a stretch without osteopathic manipulation. The treating physician is, therefore, requesting for additional visits. However, the reports do not document the number of sessions the patient has received in the past. MTUS allows for up to 18 sessions of manipulation and the reports lack the documentation required to make a determination. Hence, the request IS NOT medically necessary.