

Case Number:	CM15-0081434		
Date Assigned:	05/04/2015	Date of Injury:	09/10/1999
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency 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 injured worker is a female who sustained an industrial injury on 9/10/99. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar sprain/strain with myospasms and lumbar facet syndrome. Treatments to date have included home exercises, acupuncture treatment, craniosacral treatments and activity modification. Currently, the injured worker complains of lower back pain. The plan of care was for 8 craniosacral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Craniosacral Therapy Sessions: 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 and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, manual therapy may be considered as an option. Guidelines recommend trial of 6 visits over 2 weeks, with evidence of objective

functional improvement. Pt has chronic back pain and has completed 6 recent sessions. There is only documentation of subjective claims of improvement in pain and function. Without any objective documentation of improvement with therapy, additional manual therapy sessions are not medically necessary.