

Case Number:	CM13-0031746		
Date Assigned:	12/04/2013	Date of Injury:	03/24/2003
Decision Date:	01/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 01/24/2003. The patient's diagnosis is lumbago. The initial mechanism of injury is that the patient lifted a box of food. An initial physician reviewer notes that the patient was previously treated with physical therapy as well as fitness classes and aqua aerobics for this injury dating back to 2003. As of 08/28/2013, the patient complained of ongoing low back pain and reported that she had osteoarthritis of the left hip and knee and needed a hip replacement. The prior physician review notes that the patient indicated that she received prior osteopathic manipulation, but there were no provider notes available to demonstrate that this has been successful. The reviewer noted that given the lack of documentation of functional deficits of the low back or objective functional improvement from prior treatment, the current request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of osteopathic manipulation for the lower back between 9/19/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, states, "Elective/maintenance care - Not medically necessary...Recurrences/flare-ups have a need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." The current request appears to be for a maintenance treatment, which is not supported by the guidelines. Overall the medical records and guidelines do not support an indication for the requested osteopathic manipulation. This request is not medically necessary.