

Case Number:	CM15-0035275		
Date Assigned:	03/03/2015	Date of Injury:	01/25/2002
Decision Date:	05/18/2015	UR Denial Date:	01/26/2015
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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on 1/25/02. The injured worker was diagnosed as having chronic neck pain, somatic dysfunction of thoracic region and somatic dysfunction of cervical region. Treatment to date has included pain medications. Currently, the injured worker complains of left neck and upper back pain which has improved. The physical exam was not abnormal. The treatment plan included a request for authorization for 6 osteopathic manipulations treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Osteopathic Manipulations Treatments (OMT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57- 59 of 127.

Decision rationale: This claimant was injured 13 years ago, and has chronic pain of the thoracic and cervical areas. The exam showed no abnormalities. The MTUS notes regarding manual therapy and manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive

symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There are no apparent abnormalities, and no joint range of motion deficits that might benefit from manipulation. The request is not medically necessary.