

Case Number:	CM13-0007521		
Date Assigned:	12/18/2013	Date of Injury:	04/12/2007
Decision Date:	02/25/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 63-year-old male with 04/12/2007 date of injury. The patient presents with low back pain, bilateral lower extremity radiating pains, neck pain with upper extremity radiating pains, bilateral shoulders, and bilateral knee pains. The pain averages a 4/10 with medications and 6/10 without medications. The patient has daily living limitations of self-care, hygiene, activity, ambulation, and functions, sleep, and sex. Listed diagnoses are: 1. Lumbar radiculopathy. 2. Lumbar disk degeneration. 3. Lumbar facet arthropathy. 4. Myalgia and myositis. 5. Osteoarthritis. 6. Right knee chondromalacia. There is a request for authorization letter from 10/07/2013 authored by [REDACTED]. He indicates that the patient has multiple intolerance to medications including tramadol and request for TENS unit with pad replacements. He has been using the TENS unit frequently with good response and the TENS unit pads were out. The patient uses Voltaren gel to locally control musculoskeletal pain and has been tolerating well, improving function, and reducing pain, and avoiding the need to escalate opiate medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 1% gel #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111.

Decision rationale: Per MTUS Guidelines page 111, NSAIDs and topical products are recommended for osteoarthritis, tendinitis, and in particular that of the knee, elbow, and other joints. This patient has a diagnosis of knee chondromalacia, a peripheral joint chronic pain. Recommendation is for authorization.

8 myofascial release visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section, regarding massage therapy Page(s): 60.

Decision rationale: This patient presents with a widespread pain in the neck, low back, upper and lower extremities, shoulders, and knees. The treating physician reports from 06/28/2014, he is asking for myofascial release stating that the patient is noticing increased muscle pain with spasms on increased activity and that he is now taking hydrocodone. The treatment was also requested per 05/03/2013 for myofascial release therapy for 4 weeks. Despite review of [REDACTED] and [REDACTED] reports from 02/06/2013 up to 10/07/2013, I was not able to uncover whether or not the patient has had myofascial release therapy treatments in the past. QME report from 04/19/2013 makes reference to an MRI of the lumbar spine from 01/30/2010 that showed disk desiccation and disk protrusions at L4-L5 and L5-S1. This report was a QME supplemental report by [REDACTED], and he provided medical records review extensively. I was not able to uncover that the patient has had myofascial releases or massage therapy in the past. A myofascial release is a type of massage therapy, and this is discussed under MTUS Guidelines. It states that it should be limited to 4 to 6 visits in most cases with scientific study showing contradictory results. "Massage can be beneficial in attenuating deepest musculoskeletal symptoms but beneficial effects were registered only during treatment." Given that the current request is for 8 sessions which exceeds the number allowed by MTUS Guidelines, recommendation is for denial.