

Case Number:	CM13-0018190		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2011
Decision Date:	12/19/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 patient is a 46 year old male who developed persistent low back pain subsequent to a lifting injury on 1/16/11. He has reached a MMI status and current medical care consists of infrequent medical visits for monitoring. It is clearly documented that he has taken an active role in his rehabilitation with exercises and stretching. He has returned to full duties. Documentation reveals that he completed 6 sessions of myofascial massage and pain levels were reported to diminish VAS 2/10 to 0/10 while he maintained full work duties. A request for an additional 6 sessions at 1 per month was made to assist with full duties. Medications have consisted of prn Advil, but a new recommendation for Flector patches was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy/Deep Tissue Massage Once a Month for Six Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy/Manual Therapy Page(s): 60/58.

Decision rationale: MTUS Guidelines supports up to 4-6 sessions of massage therapy as a general recommendation. Guidelines also note that unique circumstances may justify additional

massage/manual therapy beyond the 4-6 sessions. This patient meets the criteria for an extension of massage/manual therapy due to his active rehabilitation and return to work. However, the extent of the request for the extension exceeds what MTUS guidelines recommend under these unique circumstances. Under the MTUS section regarding manual therapy 1-2 visits every 4-6 months are considered appropriate when there has been a RTW. This standard would be reasonable to apply to this request. Additional periodic massage may be medically reasonable, but the request for the extension significantly exceeds what is recommended under these circumstances. The request is not medically necessary.

60 Flector Patches with Four Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111, 112, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.flectorpatch.com/>

Decision rationale: MTUS Guidelines do not support the use of topical NSAIDs for spinal conditions. In addition, Flector patches are not recommended for chronic use. Recommended use is limited to acute pain from minor strains and sprains. The Flector patch recommendations are not consistent with recommended use in location or time. The request is not medically necessary.