

Case Number:	CM13-0019040		
Date Assigned:	06/06/2014	Date of Injury:	02/06/2001
Decision Date:	07/11/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family 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:

The injured worker is a 50 year old female whose date of injury is 02/06/2001. Note dated 01/16/13 indicates that the injured worker has undergone some sessions of chiropractic treatment. Note dated 04/17/13 indicates that the injured worker has been authorized to undergo chiropractic sessions, but has not started these yet. Note dated 07/17/13 indicates that the injured worker has been undergoing physical therapy which has helped her back and neck pain. Note dated 10/16/13 indicates that diagnoses are herniated nucleus pulposus L4-5 and L5-S1 as well as C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) DEEP MYOFASCIAL RELEASE SESSIONS FOR THE CERVICAL SPINE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the clinical information provided, the request for eight deep myofascial release sessions for the cervical spine and lumbar spine is not recommended as

medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker's compliance with an ongoing active home exercise program is not documented. CA MTUS guidelines note that this treatment should be limited to 4-6 sessions in most cases.