

<b>Case Number:</b>	CM13-0021692		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Family Practice and is licensed to practice in Georgia and North Carolina. 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:

48 yo female was involved in a motor vehicle accident on 7/7/2009. The carrier has accepted the claim for head, both eyes, neck, chest, ribs, left shoulder, left hip, left knee and upper and lower back. The beneficiary has received evaluation and treatment including x rays, magnetic resonance imaging, electro diagnostic studies, injection therapy, rest, work restrictions, physical therapy and medication. She has returned to work. She is currently diagnosed with symptomatic lumbar spondylosis, spondylolithesis L5-S1, cervical and lumbar myofascial pain and chondromalacia patella. The treating physician requested 6 session of muscle therapy for flare of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle Therapy Sessions/Physical Therapy QTY 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 98-99.

**Decision rationale:** This patient is treated for chronic pain in neck, upper and lower back and left knee after a motor vehicle accident in 2009. Extensive evaluations including magnetic

resonance imaging and electrodiagnostic studies have found no conditions for which surgical intervention is currently recommended. Current diagnoses include symptomatic lumbar spondylosis, spondylolithesis L5-S1, cervical and lumbar myofascial pain and chondromalacia patella. She has been treated with injections, medication and physical therapy with no documentation of sustained functional benefit though she has returned to work. The use of passive therapies such as myofascial release (a type of massage therapy) are best applied early in the treatment of chronic pain syndromes and are best when used sparingly in combination with active physical therapy. The MTUS specifically recommends active therapy over passive therapy. Therefore, muscle therapy (myofascial release) is not medically indicated for the treatment of chronic pain in this clinical situation.