

Case Number:	CM13-0022312		
Date Assigned:	11/13/2013	Date of Injury:	08/02/2004
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/10/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 48 year young male who had a work-related cumulative trauma and specific injury to his low back on 8/2/04. Per documentation, the patient has had L4-5 anterior fusion and L5-S1 artificial disc replacement on 11/30/11. Per documentation from 8/9/13, [REDACTED] (pain management specialist) diagnosed patient with myofascial pain and lumbar degenerative disc disease with radiculopathy. He recommended myofascial release therapy. On 8/16/13, the patient presented for a followup visit. He presents with the report of increased pain in his mid and lower back. Physical exam findings include include tenderness to palpation of the thoracolumbar region in the paraspinal area, tight muscle bands and trigger points, and a slowed guarded gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The 12 sessions of myofascial release therapy are not medically necessary per the MTUS. The phrase myofascial release has been used for different manual therapy techniques, including soft tissue manipulation and massage. Per the MTUS, manual therapy and manipulation recommendations for the low back recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement. Additionally, elective/maintenance care is not medically necessary. Massage therapy is recommended by the MTUS as an adjunct to other recommended treatment such as exercise and it should be limited to 4-6 visits in most cases. The patient does not have any documented extenuating medical complications which necessitate more myofascial release than the 6 sessions he already had. Additionally there is no documentation of significant objective functional improvement from prior sessions of myofascial release therapy.