

Case Number:	CM13-0026158		
Date Assigned:	11/22/2013	Date of Injury:	02/19/2001
Decision Date:	02/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation 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:

The patient is a 36-year-old female who reported a work-related injury on 02/19/2011 as a result of a fall. The patient subsequently presents for treatment of the following diagnoses: coccydynia, lesion of the sciatic nerve, and lumbar disc displacement with myelopathy. The clinical note dated 08/21/2013 reports the patient was seen under the care of the requesting physician. The provider documents that the patient, upon physical exam, had +4 spasms and tenderness to the coccyx and bilateral piriformis muscles. Lumbar range of motion was decreased, as well as the left Achilles reflex. The provider recommended utilization of acupuncture as well as myofascial release, in addition to Tramadol, Naproxen, a Topical Analgesic, Urinalysis, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Myofascial Release, 3 x per week x 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule, Low Back Compl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Massage Therapy Page(s): 60..

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence significant objective findings of symptomatology to support passive interventions at this point in the patient's treatment. The clinical notes do not indicate whether the patient has previously utilized myofascial release and, if so, the efficacy of treatment. California MTUS indicates massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Given that the clinical notes do not indicate the patient has used active treatment modalities for her lumbar spine/coccyx pain complaints, such as physical therapy, the current request is not supported. As such, the request for Myofascial Release 3 x per week x 2 weeks, Lumbar, is not medically necessary or appropriate.