

Case Number:	CM13-0026993		
Date Assigned:	11/22/2013	Date of Injury:	10/30/2009
Decision Date:	02/12/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Sports Medicine and is licensed to practice in New York and Texas. 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 55-year-old male who reported injury on 10/30/2009. The mechanism of injury was not provided within the medical records. His diagnoses are listed as lumbago and depressive disorder. His symptoms include low back pain with pain and numbness down his bilateral legs. His physical exam findings include restricted range of motion in all planes with pain, tenderness to palpation of the paravertebral muscles, multiple myofascial trigger points, and absent ankle jerk and patellar jerk reflexes bilaterally. A recommendation was made for 6 sessions of myofascial release therapy to help with pain management, improve tone in the muscles of his legs, increase functionality, and decrease stress and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial 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 Page(s): 60.

Decision rationale: The California MTUS Guidelines state that massage therapy is recommended as an option if used as an adjunct to other recommended treatments, such as physical therapy or exercise. It further states it should be limited to 4 to 6 visits in most cases. The patient's 08/27/2013 note states that the patient reported spending most of his time in bed or on the couch watching TV. The only documented plan for exercise is for the patient to attempt to ride a stationary bike for 2 to 3 minutes at a time, about 3 times per day. The request for myofascial therapy is not supported without the concurrent use of an exercise program or physical therapy. As it states that the patient is not getting adequate exercise at this time, the request is non-certified.