

<b>Case Number:</b>	CM13-0036446		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/12/2011
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Texas and New York. 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 41-year-old female who reported injury on 11/12/2011. The mechanism of injury was stated to be a slip and fall. The patient was noted to have low back pain, thoracic pain, and shoulder pain. The patient was noted to have pain over the lumbar paraspinal muscles and right gluteal region. The patient was noted to have tenderness to palpation and spasms to the bilateral trapezius muscles. The patient's symptoms were noted to include pain in the upper back, left hip and left heel. The patient's diagnoses were noted to include low back pain, pain in the thoracic spine and shoulder pain. The plan was noted to include myofascial treatment for back and left foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial massage treatment for the back and left foot:** 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:** California MTUS Guidelines recommend massage therapy limited to 4 to 6 visits in most cases. The clinical documentation submitted for review indicated the patient had spasms and had chronic back pain. The patient was noted to have left foot pain. However, per the submitted request, there was a lack of documentation indicating the quantity of massage treatment being requested for the back and left foot. Given the above, the request as submitted for myofascial massage treatment back and left foot is not medically necessary.