

Case Number:	CM13-0038241		
Date Assigned:	12/18/2013	Date of Injury:	02/19/2011
Decision Date:	03/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/29/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 was injured on February 19, 2011 when she slipped on some water on the floor landing on her tailbone. The patient continued to experience pain in her tailbone, left leg, and lumbar spine. The physical examination revealed coccygeal tenderness, lumbosacral muscle spasm, and decreased range of motion of the spine. MRI did not reveal any structural abnormalities. The diagnoses included coccydynia, lesion of the sciatic nerve, and lumbar disc displacement with myelopathy. The treatment included physical therapy, aqua therapy, home exercises, and medications. Request for authorization for acupuncture 2 times weekly for 2 weeks with myofascial release 3 times weekly for 2 weeks was submitted on August 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release three times a week for two weeks, lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Massage Therapy, Manipulation

Decision rationale: Myofascial release is a passive massage therapy. Massage therapy is recommended in conjunction with a recommended exercise program. It is recommended as a trial for 6 visits over 2 weeks. There must be objective evidence of functional improvement before continuing treatment. In this case there is no documentation that the patient is participating in an exercise program as recommended by the guidelines. The myofascial release therapy is not recommended.