MAXIMUS Federal Services

Case Number:	CM13-0048761		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2012
Decision Date:	06/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 expert 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:

This is a patient with a date of injury of August 17, 2012. A utilization review determination dated October 15, 2013 recommends non-certification of active release therapy. Mechanism of Injury: The claimant stated her problem began while lifting a relatively heavy box on Aug. 7, 2012 with a distance with a twisting maneuver, she had sudden onset of back pain, also in the lower extremity. The claimant was a 40 year old male who initially presented with a lumbar strain. The claimant has continued to complain of lumbar spine pain rated 7/10. The pain is sharp and constant and burning. Physical exam showed a positive nerve stretch test on the right and mild tenderness along the lumbar paraspinal regions. The claimant continues to be on temporary totally disabled. The claimant is currently diagnosed with thoracic/lumbosacral neuritis/radiculitis unspecified. The treatments to date have included: physiotherapy and chiropractic; medications; off work status; TTD. MRI of the lumbar spine was performed. A progress note dated February 14, 2013 indicates that the patient undergoes physiotherapy and chiropractic care which help her feel looser and decreases her pain. Numerous Manipulation and Active Release treatment notes are provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACTIVE RELEASE TECHNIQUE THERAPY NOS: Upheld

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

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

Decision rationale: Regarding the request for active release therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.