

Case Number:	CM13-0055599		
Date Assigned:	04/25/2014	Date of Injury:	06/01/2005
Decision Date:	08/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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, and is licensed to practice in Illinois. 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:

The injured worker is a 67-year-old female who reported an injury on 6/15/06. The mechanism of injury was not provided in the medical records. The injured worker's diagnosis is lumbago. Her previous treatments include physical therapy, medications, injections, TENS unit, and radiofrequency ablation. Within the most recent clinical note dated 10/28/13, the injured worker was in for a follow-up visit from the lumbar frequency ablation that was performed on 9/11/13. The injured worker reported that there had not been any improvement with symptoms since the procedure. On physical examination, the physician reported the injured worker had pain upon palpation over the lumbar paraspinal muscles bilaterally. The injured worker's medications included Vicodin 5/500 mg. The physician reported the injured worker had pain over her low back region and the radiofrequency ablation had not decreased the myofascial pain. The physician's treatment recommendations included myofascial release for pain relief in the form of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of lumbar myofascial release: 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 Page(s): 60.

Decision rationale: The California MTUS guidelines indicate that massage therapy is recommended. Treatment should be in adjunct to another recommended treatment exercise, and should be limited to 4 to 6 visits in most cases. The guidelines also indicate that massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatments. The clinical documentation provided indicated the injured worker had tenderness and pain upon palpation of the lumbar paraspinal muscles bilaterally. However, there is a lack of documentation to indicate that the injured worker is enrolled in an exercise program. Due to the lack of documentation to indicate the injured worker is enrolled in an exercise program, and lack of recommendation for massage therapy, the request would not be supported. As such, the request is not medically necessary.