

Case Number:	CM13-0070444		
Date Assigned:	01/08/2014	Date of Injury:	12/02/2009
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 & 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 62-year-old female who reported an injury on 12/02/2009. The mechanism of injury was not stated. Current diagnoses include status post bilateral shoulder acromioplasty, cervical sprain/strain, history of lumbar sprain/strain, history of bilateral carpal tunnel syndrome, history of GERD, and history of anxiety and depression. The injured worker was evaluated on 09/30/2013. The injured worker reported worsening back pain with radiation to the right hip. The injured worker currently utilizes a TENS unit. The injured worker has also received authorization for 8 sessions of chiropractic therapy. Physical examination revealed limited lumbar range of motion, positive straight leg raising, positive Phalen's and Tinel's testing bilaterally, limited cervical range of motion, and a mildly positive impingement sign bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL RELEASE THERAPY WITH CERTIFIED MASSAGE THERAPIST, QUANTITY 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. Therefore, the current request for 8 sessions of myofascial release therapy exceeds guideline recommendations. It is also noted, the injured worker has previously received authorization for 8 sessions of chiropractic treatment. As such, this request is not medically necessary.

VALIUM 10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. There is no evidence of palpable muscle spasm upon physical examination. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.