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| Case Number: | CM14-0012033 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 03/05/2009 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Minnesota. 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 42-year-old male who reported an injury on 03/05/2009. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, myositis/myalgia, depression, and chronic pain. The injured worker was evaluated on 01/06/2014. The injured worker reported 8/10 pain in the cervical spine, bilateral upper extremities, and low back. Physical examination revealed spinal vertebral tenderness in the cervical spine at C4-7, moderately limited cervical range of motion, tenderness to palpation in the spinal vertebral area at the L4-S1 levels, moderately limited lumbar range of motion, and no significant change in sensory examination of the upper or lower extremities. It is noted that the injured worker has completed 4 weeks of chiropractic therapy with improved pain control and function. An additional 4 weeks of chiropractic therapy was requested at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL RELEASE X8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state manual therapy is recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The injured worker has previously participated in manual therapy. However, there is no evidence of objective functional improvement. There is also no specific body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary and appropriate.