

<b>Case Number:</b>	CM14-0016507		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 55-year-old male who reported injury on 06/14/2013. The mechanism of injury was lifting a 27 pound box of broccoli. Prior treatments include physical therapy, injection, myofascial release with no pain relief, and medications. The documentation of 01/14/2014 revealed the injured worker was in the office for subjective complaints of increased thoracic pain. The injured worker had tenderness to palpation over the thoracic region at T1-3 with increased facet loading. The plan included, while waiting for thoracic facet injections, there was a recommendation of 6 sessions of myofascial release to relieve stiffness and allow the injured worker to work while waiting for the injection. The diagnosis was thoracic sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MYOFASCIAL RELEASE-THORACIC REGION TIMES 6 SESSIONS, 1-2 TIMES A WEEK FOR 4-6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. For low back pain, therapy is recommended for an initial therapeutic trial of 6 sessions, and, with objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks. The clinical documentation submitted for review failed to indicate the quantity of sessions the injured worker had participated in. There was a lack of documentation of objective functional benefit as it was indicated the injured worker had minimal pain relief. There was a lack of documentation indicating a necessity for 12 additional sessions. Given the above, the request for myofascial release-thoracic region times 6 sessions, 1-2 times a week for 4-6 weeks is not medically necessary.