

Case Number:	CM14-0017915		
Date Assigned:	04/16/2014	Date of Injury:	09/08/1987
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

The injured worker is an 86 year old male who reported an injury on 09/08/1987 of unknown mechanism. On the clinical note dated 12/17/2013, the injured worker complained of pain, soreness that started on 12/08/2013. The physical exam documented minimal lower range of motion, straight leg raise tight and motor-sensory intact. The diagnosis was documented as left facet foraminal stenosis acute flare-up. The treatment plan was myofascial work and medications for pain control. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL TRIGGER POINT THERAPY X 6 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: The request for myofascial trigger point therapy times 6 sessions is non-certified. The California MTUS guidelines state that massage is a passive treatment and should be in adjunct with other recommended treatments (e.g. exercise) and should be limited to 4-6

visits. In the clinical note, there is no documentation of other adjunct treatments. Therefore, the request is non-certified.