

Case Number:	CM14-0023716		
Date Assigned:	05/12/2014	Date of Injury:	09/01/1999
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This 54 year-old patient sustained an injury on 9/1/1999 while employed by [REDACTED]. Request(s) under consideration include Myofascial release with care only two times six for the lumbar spine. Diagnosis includes lumbar disc displacement. Report of 11/1/13 from the provider noted patient with continued lower back pain rated at 5/10 from prior 7/10. Chiropractic manipulation has improved her functionality, range of motion, and pain intensity. The patient continues with aching, dull, and throbbing pain reduced by lying down and resting, while activities of daily living, prolonged sitting, standing, walking aggravates the condition. The patient has additional problems related to increased sensitivity, stiffness, and tightness with pain radiating down lower left extremity with numbness and tingling. Exam showed tenderness at lumbar region bilaterally; trigger points in erector spinae bilaterally; decreased lumbar range; positive Kemps, Patrick-Fabere and SLR bilaterally; 5/5 muscle strength in bilateral lower extremities. California Medical Treatment Utilization Schedule (MTUS) Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL RELEASE WITH CARE ONLY 2XWK X 6 WKS LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation spine-health.com/treatment/physical-therapy/myofascial-release-therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Based on the records reviewed, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The requested treatment is not medically necessary and appropriate.