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| <b>Case Number:</b>   | CM14-0026188 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 03/01/1999 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/28/2014 |

### 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 Nevada. 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 68-year-old female was reportedly injured on March 1, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 27, 2014, indicated there were ongoing complaints of neck, shoulder and upper back pains. The physical examination demonstrated painful and decreased range of motion of the cervical spine, and a positive Spurling's test bilaterally. There was decreased sensation at the right C5 and C6 dermatomes. There were diagnoses of the cervical and thoracic sprain/strain and cervicobrachial syndrome. Additional myofascial release was recommended once a week for six weeks' time. Previous treatment included massage therapy and chiropractic care. A request had been made for additional myofascial release and was not certified in the pre-authorization process on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL MYOFASCIAL RELEASE ONCE PER WEEK FOR SIX WEEKS, CERVICAL SPINE QUANTITY:6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

**Decision rationale:** According to the injured employee's medical records, the injured has attended over 300 chiropractic therapy visits in the past. The medical record does not discern whether this was for myofascial release or chiropractic manipulation. The most recent note, dated January 27, 2014, did not provide an objective measure of improvement from prior to include improved range of motion, reduction in pain, reduced reliance on pain medications, and increased ability to perform activities of daily living and again does not state whether any stated benefits were due to massage therapy or chiropractic care. For these reasons, this request for additional myofascial release is not medically necessary and appropriate.