

Case Number:	CM14-0032664		
Date Assigned:	06/20/2014	Date of Injury:	10/19/1994
Decision Date:	07/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 52-year-old female with a reported date of injury on 10/19/1994. The injured worker presented with back pain, rated at 7/10. On physical examination the injured worker presented with sensory intact to light touch, and negative bilateral straight leg raise. The cervical spine range of motion was noted to be restricted. The clinical note dated 10/21/2013 indicated the injured worker previously participated in myofascial release; the number of visits was not provided within the documentation available for review. The injured worker's diagnoses included cervical degenerative disc, lumbar degenerative disc, radiculopathy of the lumbar spine, and myalgia/myositis pain. The injured worker's medication regimen included tramadol, Flector patches, nortriptyline, Zantac, and Senokot. The request for myofascial release times 6 sessions to lumbar spine was submitted on 03/10/2014. Rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release times 6 sessions to lumbar spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatments (e.g. exercise) and it should be limited 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. According to the clinical documentation provided for review the injured worker has previously participated in myofascial release. The guidelines recommend treatment should be limited to 4 to 6 visits. The injured worker's request for 6 session of myofascial release to the lumbar spine exceeds the recommended guidelines. Within the clinical note dated 10/21/2013, the injured worker indicated that she was feeling better and was ready to enter the workplace as her pain was reduced in the low back. Clinical note dated 11/26/2013, the injured worker rated her pain at 6/10. In the clinical note dated 02/07/2014, the injured worker rated her pain at 7/10. The therapeutic and functional benefit related to the previous myofascial release was not provided within the documentation available for review. In addition, the guidelines state that massage is a passive intervention and treatment dependence should be avoided. The guidelines recommend 4 to 6 visits in most cases. The request for an additional 6 sessions of the myofascial release exceeds the recommended guidelines. Therefore, the request for myofascial times 6 sessions to the lumbar spine is not medically necessary and appropriate.