

Case Number:	CM14-0077322		
Date Assigned:	07/18/2014	Date of Injury:	02/28/2013
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation/ Pain Medicine and is licensed to practice in Texas & Ohio. 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 57-year-old male who reported an injury on 02/28/2013 due to a fall. On 05/05/2014, the injured worker presented with discomfort involving the low- mid back, chest and upon examination, there was decreased thoracic and lumbosacral range of motion. The Strength test is 5/5 and a positive Straight Leg Raise bilaterally. There was 2/2 deep tendon reflexes and intact sensation to light touch in the lower extremities. There was decreased thoracic range of motion with local tenderness. The diagnoses were: Lumbosacral disc injury, thoracic sprain/strain injury, lumbosacral sprain/strain, lumbosacral radiculopathy and myofascial pain syndrome. Prior therapy included medications. The provider recommended 12 myofascial release, 12 infrared, and 12 acupuncture treatments. The provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Myofascial Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Massage.

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

Decision rationale: The request for 12 myofascial release is not medically necessary. Only California MTUS recommend myofascial release as an option as their treatment as an adjunct to other recommended treatments such as exercise. It should be limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is passive intervention and treatment dependence should be avoided. The provider's request for 12 myofascial release exceeds the guideline recommendations, additionally, the frequencies of the visits were not provided in the request as submitted. The body part that the myofascial release was intended for was not submitted in the request. As such, the request is not medically necessary.

Twelve (12) Infrared Heat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared.

Decision rationale: The request for 12 infrared heat is not medically necessary. The Official Disability Guidelines state infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of infrared therapy for treatment of acute lower back pain, but only if used as an adjunctive program of evidence based conservative care to include exercise. There is a lack of documentation that the injured worker is participating in an exercise program that could be used as an adjunct to the infrared heat. Additionally, the guidelines do not recommend infrared heat over other heat therapies. The provider's request does not indicate the frequency of the infrared sessions or the body part that it is intended for in the request as submitted. As such, the request is not medically necessary.

Twelve (12) Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, Page 114. Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 myofascial release is not medically necessary. Only California MTUS recommend myofascial release as an option as their treatment as an adjunct to other recommended treatments such as exercise. It should be limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is passive intervention and treatment dependence should be avoided. The provider's request for 12 myofascial release exceeds the guideline recommendations, additionally, the frequencies of the visits were not provided in the

request as submitted. The body part that the myofascial release was intended for was not submitted in the request. As such, the request is not medically necessary.