

Case Number:	CM14-0194636		
Date Assigned:	12/02/2014	Date of Injury:	05/06/2014
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 41 year old male who sustained an industrial injury on 05/06/2014. The mechanism of injury was not provided for review. His diagnosis is low back pain, lumbago, and myalgia. He continues to complain of back pain. On physical exam he has tenderness in the lumbar paraspinal muscles. Motor and sensory exams are normal. Treatment has consisted of medical therapy, physical therapy, and a lumbar epidural steroid injection. The treating provider has requested myofascial release for the lumbar spine 2 times a week times 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release for the lumbar spine, twice weekly for six weeks: Upheld

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

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

Decision rationale: Per the reviewed guidelines, manual therapy and manipulation are recommended for chronic pain caused by musculoskeletal conditions. The intended goal of treatment is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to

productive activities. The recommendation for treatment of low back conditions is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no documentation of any prior treatments for myofascial release. Medical necessity for the requested number of visits has not been established. The requested visits are not medically necessary.