

Case Number:	CM14-0203232		
Date Assigned:	12/15/2014	Date of Injury:	05/08/1990
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in New Jersey. 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:

According to the records made available for review, the injured worker is a 60 year-old male with a date of injury of 05/08/1990. The result of the injury has included low back pain. Diagnoses have included lumbar spinal stenosis. Diagnostic studies have included electromyography and nerve conduction studies, performed on 06/03/2014, which revealed normal findings, no evidence of lumbosacral radiculopathy, and no evidence of peripheral neuropathy. Treatments have included medications, thermal application, and swimming twice weekly. Medications have included Aleve and Lidoderm patches. A progress note from the treating physician, dated 10/29/2014, documents the injured worker reporting lower back pain, as well as tingling and numbness of the entire right dorsal foot. Objective findings included pain upon palpation to the lower lumbar segments with decreased range of motion, flexion and extension; motor response is intact to the lower extremities; and decreased sensory response in the right dorsal foot, milder on the left foot. Work status is noted to continue full duty with no limitations or restrictions. The treatment plan included six sessions of myofascial release. Request is being made for Six Myofascial Release Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six myofascial release sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 146

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 146

Decision rationale: The ACOEM Guidelines state that myofascial release is used to treat non-specific muscle soreness, however, is not recommended for the treatment of acute, subacute, or chronic low back pain or radicular pain syndromes or other back-related conditions as there is insufficient evidence to generally recommend this treatment method at this time. In the case of this worker, who was experiencing low back pain with radiation, myofascial release would not be medically necessary.