

Case Number:	CM15-0137148		
Date Assigned:	08/10/2015	Date of Injury:	09/11/2013
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63 year old female who reported an industrial injury on 9-11-2013. Her diagnoses, and or impression, were noted to include: multi-level severe lumbar degenerative disc disease, spinal stenosis and lumbosacral scoliosis; left lumbosacral radiculopathy to the left lower extremity with history of status-post multi-level decompressive laminectomy and temporary relief; idiopathic lumbar spine scoliosis; and myalgia myositis. Recent x-rays of the lumbar spine were done on 3-19-2015; no current imaging studies were noted. Her treatments were noted to include diagnostic imaging studies; consultations; medication management; and rest from work. The progress notes of 6-11-2015 reported a flare-up and bilateral leg weakness. No objective findings were noted. The physician's requests for treatments were noted to include myofascial therapy (chiropractic) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy, Low Back, 2 times wkly for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for Myofascial therapy, Low Back, 2 times wkly for 4 wks, 8 sessions (chiropractic care), Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested Myofascial therapy, Low Back, 2 times wkly for 4 wks, 8 sessions (chiropractic care) is not medically necessary.