MAXIMUS Federal Services

Case Number:	CM15-0169847		
Date Assigned:	09/10/2015	Date of Injury:	11/29/2010
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Chiropractic

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 40 year old male, who sustained an industrial injury on 10-29-2010. The injured worker was diagnosed as having lumbago and hip-pelvic pain. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, massage, and medications. Currently (7-14-2015), the injured worker complains of ongoing low back pain and hip pain. He continued to work and was doing well with ongoing myofascial release massages. With the continued massages, he was able to take less Flexeril, noting that he wanted to wean off of it. He was taking Norco three times daily. His pain was rated 4 out of 10 (decreased from 5 out of 10 on 6-10-2015) with medication and 9 out of 10 without. He was able to cook, garden, do laundry, shop, and complete activities of daily living. His musculoskeletal exam was notable for tenderness at the lumbar spine and facet joint, along with decreased but unspecified range of motion (unchanged from physical exam on 6-10-2015). He requested additional myofascial release massage, noting that he was down to his last one. Per the progress reports five treatments were previously requested. Per the request for authorization dated 7-23-2015, the treatment plan included additional myofascial release massage, 1x5, denied by Utilization Review on 7-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release massages (MFR) once per week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The patient has received 6 sessions of myofascial therapy for his lumbar spine injury in the past. The past myofascial treatment notes are not present in the materials provided. The MTUS Chronic Pain Medical Treatment Guidelines recommend an initial trial of 4-6 massage therapy sessions as an adjunct to other recommended treatment. Additional sessions are not recommended by The MTUS. The PTP has asked for 6 additional sessions in this case. The records do not indicate favorable outcome from the previous treatment and the past treatment records are not present for review. The MTUS does not recommend additional sessions of massage therapy. I find that the 6 additional massage therapy sessions requested to the lumbar spine to not be medically necessary and appropriate.