MAXIMUS Federal Services

Case Number:	CM15-0185875		
Date Assigned:	09/28/2015	Date of Injury:	10/09/2010
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational Medicine

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 37 year old male who sustained an industrial injury on 10-29-2010. Medical records indicated the worker was treated for low back and left leg pain with medications, steroid injections and physical therapy. On 06-01-2011, the worker had a L5-S1 discectomy. By 11-19-2013, the worker again experienced low back pain and had treatment with epidural steroid injection at L4-5 level. In the provider notes of 08-18-2015, the worker has been seen for complaint of pain in his right leg. According to provider notes, he is scheduled for epidural steroid at L4-5 on 09-08-2015 to relieve his low back pain. Current medications include hydrocodone, ibuprofen, Dexilant, gabapentin, Tizanide, and Celexia. On examination of the lumbar spine, it is abnormally flexed 72 degrees. Extension is at 15 degrees. Left rotation is 28 degrees, right rotation is 30 degrees, left tilting is 33 degrees, and right tilting is 35 degrees. He has decreased reflexes on his left at the knee and ankle compared to the right, and has hypersensitivity in both legs. He has positive leg lift at 20 degrees on the right and 25 degrees on the left. He cannot stand on his heels or his toes. He has extreme discomfort with pressure on both heels. He is having treatment with a psychiatrist and a functional restoration program has been mentioned. The worker is going to a podiatrist for orthotics, and a bilateral carpal tunnel evaluation has also been requested. A MRI done 08-13-2013 shows a bulging mass at L5-S1. His current diagnoses are Lumbar discogenic disease, pain in heels, and bilateral carpal tunnel. The plan is for myofascial release, and follow-up with appropriate specialists. A request for authorization was submitted for Myofascial release, quantity: 8. A utilization review decision 09/11/2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release, quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Active Release Technique (ART) Manual Therapy Section.

Decision rationale: MTUS guidelines do not address the use of myofascial release. Per the ODG, myofascial release is under study. While this is one of many possible techniques used in manual therapy, there are no specific high quality published studies to support use of Active Release Technique (ART), although there may be anecdotal information. In general, manual therapy, whether by physical therapists or by chiropractors, is a recommended treatment for many conditions in ODG. ART is a soft tissue massage technique developed and patented by [redacted], DC. It is most commonly used to treat conditions related to adhesions or scar tissue in overused muscles. According to ART practitioners, as adhesions build up, muscles become shorter and weaker, the motion of muscles and joints are altered, and nerves can be compressed. As a result, tissues suffer from decreased blood supply, pain, and poor mobility. The goal of ART is to restore the smooth movement of tissues and to release any entrapped nerves or blood vessels. In an ART treatment, the provider uses his or her hands to evaluate the texture, tightness and mobility of the soft tissue. Using hand pressure, the practitioner works to remove or break up the fibrous adhesions, with the stretching motions generally in the direction of venous and lymphatic flow. In the first three levels of ART treatment, movement of the patient's tissue is done by the practitioner. In level four, however, ART requires the patient to actively move the affected tissue in prescribed ways while the practitioner applies pressure. Involvement of the patient is seen as an advantage of ART, as people who are active participants in their own healthcare are believed to experience better outcomes. The application of ART specifically to treat groin strains may be of benefit in increasing pain thresholds, but further research is required to validate the therapeutic effect of ART. In this case, the injured worker has participated in an unknown number or previous physical therapy and chiropractic sessions without documented efficacy. Additionally, myofascial release has not been validated, therefore, the request for Myofascial release, quantity: 8 is not medically necessary.