

Case Number:	CM15-0190581		
Date Assigned:	10/02/2015	Date of Injury:	06/07/2013
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Emergency 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:

This is a 41-year-old male with a date of industrial injury 6-7-2013. The medical records indicated the injured worker (IW) was treated for sprains-strains, neck; sprains-strains, thoracic spine; and lumbar strain. In the progress notes (7-7-15 and 9-8-15), the IW reported improvement following chiropractic therapy. He reported increased range of motion and decreased pain. In the most recent note, he reported continued intermittent pain and spasm in the mid-thoracic area. He was working regular duty. On examination (9-8-15 notes), there was tenderness to palpation of the paraspinal thoracic area at approximately T11. Range of motion was nearly full, but painful. There were no motor or sensory deficits in the upper or lower extremities. Treatments included chiropractic therapy (8 visits). A Request for Authorization dated 9-8-15 was received for myofascial release once a week for six weeks for the neck, thoracic and lumbar spine. The Utilization Review on 9-17-15 non-certified the request for myofascial release once a week for six weeks for the neck, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release 1wk x 6 wks Neck, Thoracic, Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

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

Decision rationale: "Myofascial release" is a type of deep tissue massage technique that falls under the heading of massage therapy and various manual therapy techniques. As per MTUS Chronic pain guidelines, it may be considered as part of muscular pain therapy when used alongside exercise. Patient has already extensive chiropractic manipulation with no long-term benefits. Provider has failed to document rationale behind need for massage therapy beyond extensive treatments already received. Not medically necessary.