

Case Number:	CM15-0201095		
Date Assigned:	10/21/2015	Date of Injury:	08/26/2008
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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

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 45 year old male who sustained an industrial injury on 8-26-08. A review of the medical records indicates that the worker is undergoing treatment for multi-level lumbar spine discs, cervico-brachial syndrome, lumbar facet syndrome, shoulder tenosynovitis (left), anxiety, probable post traumatic insomnia, thoracalgia, and sacroiliitis. Subjective complaints (8-24-15) include bilateral lower back pain rated at 7-8 out of 10 with 20% relief or more noted with electro-acupuncture, and neuropathic pain in the right leg from buttocks to foot from the lower back is also noted. Objective findings of the lumbar spine (8-24-15) include tender areas in the right lumbar region (grade 3), discomfort and pain to palpation in the spinous process at L4, L5, S1 (grade 3), hypertonicity of lumbar musculature (moderate), trigger points present in the right erector spinae (moderate), palpable trigger point with taut band, jump reflex, and radiation of pain to buttocks, positive straight leg raise left and right, and positive Kemp's left and right. Work status is noted as temporary total disability. Previous treatment includes electro-acupuncture, Tramadol, Gabapentin, Prilosec, Zanaflex, Anaprox, and trigger point injections (reported 30% relief for over 3 months). A request for authorization is dated 8-24-15. The requested treatment of myofascial release 1 time a week for 6 weeks (lumbar spine) was denied on 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Release 1 time a week for 6 weeks, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The patient presents with moderate to severe bilateral lower back pain. The current request is for a 6 sessions of myofascial release for the lumbar spine. The treating physician states on 8/24/15 (51B) "Last Electro-Acupuncture Tx helped 20-3-% for 6-8 weeks. Took less medication during this time. Restarting this along with Infrared light and myofascial release is now requested 1 wk for 6 weeks." MTUS supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. In this case, the treating physician has recommended 6 sessions of myofascial release as an adjunct to other treatments. There is no documentation stating that this form of treatment has been performed previously. The current request is medically necessary.