MAXIMUS Federal Services

Case Number:	CM15-0207595		
Date Assigned:	10/26/2015	Date of Injury:	08/05/2009
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52 year old female with an industrial injury dated 08-05-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc injury, lumbar facet arthralgia, and bilateral sciatica. According to the progress note dated 09-23-2015, the injured worker reported low back pain referring down into the bilateral thighs with spasm. The injured worker reported a flare up over the past two weeks. The injured worker reported that the Flector patch 1.3% was helpful and requested myofascial release which helped last year. Objective findings (09-23-2015) revealed bilateral seated straight leg raises with no pain referral to lower extremities, full motor strength throughout both lower extremities, intact sensibility on both lower extremities, and moderate to severe spasms with pain over the bilateral L3-S1 levels. Treatment has included prescribed medications, at least 4 chiropractic treatments with benefit, and periodic follow up visits. The injured worker is permanent and stationary. The utilization review dated 10-07-2015, non-certified the request for myofascial release 1-2 times per week for 3-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release 1-2 times per week for 3-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Massage therapy.

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

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The claimant has already been treated with massage therapy in the past but specific an objective response to treatment is not documented. Additionally, the request for 1-2 sessions per week for 3-6 weeks would exceed the recommended initial treatment of 6 sessions. As such, 1-2 sessions per week for 3-6 weeks are not medically necessary.