

Case Number:	CM15-0208331		
Date Assigned:	10/27/2015	Date of Injury:	09/21/2007
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
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: California

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:

This is a 60 year old male who sustained an industrial injury on 9-21-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy and lumbago. According to the progress report dated 10-5-2015, the injured worker complained of low back pain rated 6 out of 10. He was noted to be working full time. Objective findings (10-5-2015) revealed that lumbar range of motion was restricted due to pain. There was tenderness to palpation of the lumbar paravertebral muscles along with tight muscle bands and trigger points noted on both sides. Treatment has included chiropractic treatment and medications (Motrin and Lidoderm patches). Per the progress report dated 8-10-2015, chiropractic treatment helped with his pain in the left side of his leg and the secondary misalignment of the hips. The request for authorization was dated 10-5-2015. The original Utilization Review (UR) (10-13-2015) modified a request for myofascial therapy for the lumbar spine from 8 to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy sessions, lumbar spine, 1 time weekly for 8 weeks, 8 sessions: Upheld

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

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

Decision rationale: The patient presents with low back pain rated 8/10. The request is for MYOFASCIAL THERAPY SESSIONS, LUMBAR SPINE, 1 TIME WEEKLY FOR 8 WEEKS, 8 SESSIONS. Physical examination to the lumbar spine on 06/23/15 revealed tenderness to palpation over the spinous processes L-3 through L5. Range of motion was restricted with pain. Straight leg raising test was positive on the left side in supine position at 30 degrees. Treatments to date have included active therapy, ESI, facet joint injection, medication, acupuncture, and chiropractic therapy. Per 08/10/15 progress report, patient's diagnosis includes lumbar disc displacement without myelopathy. Patient's medications, per 10/05/15 progress report include Motrin and Lidoderm Patch. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Massage Therapy section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In progress report dated 10/05/15, the treater is requesting myofascial therapy alongside chiropractic to help the patient with his alignment as walking is a large part of his job and needs to have decreased muscle spasm in order to walk longer than 20 minutes without feeling pain. The utilization review letter from 10/13/15 has modified the request to 6 sessions of therapy. The patient continues with low back pain. Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy would be appropriate. However, the guidelines allow 4-6 sessions of massage therapy and the requested 8 session of therapy exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.