

<b>Case Number:</b>	CM15-0210395		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/15/2006
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

The injured worker is a 72 year old male, who sustained an industrial injury on December 15, 2006, incurring low back injuries. He was diagnosed with lumbar disc disease with disc protrusions and lumbosacral neuritis. He underwent a lumbar laminectomy, micro discectomy on November 6, 2007, but remained symptomatic. He was evaluated by a pain specialist. Treatment included pain medications, acupuncture, neuropathic medications, back bracing, and activity restrictions. Currently, the injured worker complained of persistent low back pain, and decreased lumbar range of motion. He was diagnosed with failed back surgery, post laminectomy syndrome, bilateral radiculopathy, and myofascial pain syndrome. The treatment plan that was requested for authorization included an initial functional restoration program evaluation and a request for an unknown myofascial release. On October 20, 2015, a request for a FRP evaluation and an unknown myofascial release was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial FRP Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The requested Initial FRP Evaluation, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs, and note these programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The injured worker underwent a lumbar laminectomy, micro discectomy on November 6, 2007, but remained symptomatic. He was evaluated by a pain specialist. Treatment included pain medications, acupuncture, neuropathic medications, back bracing, and activity restrictions. Currently, the injured worker complained of persistent low back pain, and decreased lumbar range of motion. He was diagnosed with failed back surgery, post laminectomy syndrome, bilateral radiculopathy, and myofascial pain syndrome. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery." Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Initial FRP Evaluation is not medically necessary.

**Unknown Myofascial Release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The requested Unknown Myofascial Release, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 60, Massage therapy, recommends massage therapy as an option and this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The injured worker underwent a lumbar laminectomy, micro discectomy on November 6, 2007, but remained symptomatic. He was evaluated by a pain specialist. Treatment included pain medications, acupuncture, neuropathic medications, back bracing, and activity restrictions. Currently, the injured worker complained of persistent low back pain, and decreased lumbar range of motion. He was diagnosed with failed back surgery, post laminectomy syndrome, bilateral radiculopathy, and myofascial pain syndrome. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, Unknown Myofascial Release is not medically necessary.