

Case Number:	CM15-0218861		
Date Assigned:	11/10/2015	Date of Injury:	07/11/2005
Decision Date:	12/22/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male with a date of injury of July 11, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disorder, lumbar facet syndrome, and lower back pain. Medical records dated August 6, 2015 indicate that the injured worker complained of lower back pain rated at a level of 5 out of 10. A progress note dated September 3, 2015 documented complaints of lower back pain with numbness, tingling, and weakness. Per the treating physician (September 3, 2015), the employee was retired. The physical exam dated August 6, 2015 reveals tenderness and spasm of the lumbar paravertebral muscles on the right, positive straight leg raise test on the right, and decreased sensation to pinprick at L5 bilaterally. The progress note dated September 3, 2015 documented a physical examination that showed no changes since the examination performed on August 6, 2015. Treatment has included medications (Naproxen, Neurontin, and extra strength Tylenol), an unknown number of physical therapy sessions, and lumbar spine fusion (2008). The utilization review (October 8, 2015) non-certified a request for four sessions of myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back and pain treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, page 60, discusses the indications for massage therapy. 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) In this case, the worker is 62 years old and retired. He was injured in 2005 and is being treated for chronic low back pain. He underwent a lumbar spine fusion in 2008. The submitted documentation indicates that the worker is being treated with multiple medications and has an unspecified number of physical therapy sessions in the past. There is no indication what type of response is achieved with these treatment and whether or not functional improvement was achieved. There is no documentation whether the injured worker has had previous myofascial release. There is no indication of that there is a comprehensive functional restoration plan to be trialed in conjunction with the requested treatment. Therefore the request is not medically necessary.